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Worcestershire County Council

ANNUAL REPORT



of the

COUNTY MEDICAL OFFICER

OF HEALTH

on the

HEALTH and WELFARE SERVICES

for

THE YEAR 1962



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Index

Ambulance Service	40-44
Ante-Natal and Post Natal Clinics	18
Child Welfare Centres	18-20
Chiropody	49-50
Civil Defence. Ambulance and First Aid Section	42
Committees	5-8
Congenital Abnormalities	17-18
Convalescence	48
Death, Causes of	15
Deaths of Pre-School Children	17
Dental Treatment	24-25
Handicapped Children	22
Health Education	28-29
Health Visiting	27-28
Home Help Service	31-32
Home Nursing	29-31
Hospital and Taxi Car Service	41
Housing	73
Illegitimacy	23
Isobel Morcom Medal and Prize	30
Liaison with General Medical Practitioners	28
Marie Curie Fund	30
Maternal Mortality	27
Medical Comforts	49
Mental Health	52-54
Midwifery	26-27
Milk and Dairies Administration	66-69
Moral Welfare	23
Notifications and Deaths from Certain Causes	16
Nurseries and Child Minders	22
Occupational Therapy	47
Orthopaedics	47
Relaxation and Parentcraft	21
Smoking and Lung Cancer	Appendix "A" and 29
Staff	9-13
Staff Housing	31
Tuberculosis	45-46
Vaccination and Immunisation	33-39
Venereal Diseases	51
Vital Statistics	14
Water Supplies, Sewerage and Sewage Disposal Schemes	69-72
Welfare Foods	21
Welfare Services	55-65



Alderman Herbert Parkes, J.P.

Chairman of the Health Committee of the
Worcestershire County Council 1949-1963

Member of the County Council 1934-1963
Elected County Alderman 1947

Chairman also of the Public Health, Health Finance
and General Purposes and Shenstone Sub-Committees

Member of many County Council Committees

Magistrate 1941-1963 and Chairman of
Halesowen Juvenile Panel 1949-1953

Member of Halesowen Council for 17 years
and Mayor in the years 1944-1946

Chairman of the Mid-Worcestershire
Hospital Management Committee 1951-1955



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WORCESTERSHIRE COUNTY COUNCIL

Telephone: Worcester 23400

County Health Department,
Love's Grove,
Castle Street,
Worcester.

To the Chairman, Aldermen and Members of the Worcestershire County Council.

Mr. Chairman, Ladies and Gentlemen,

The title of the Annual Report which was first used last year has been continued for the year 1962 and it continues the sequence of Annual Reports the first of which was issued by Dr. G. H. Fosbroke in 1890.

The general standard of health and well-being of the community has been maintained at a satisfactory level and the outstanding points of interest are listed below under the various headings:

STATISTICS:

The population of the County continues to increase and in mid 1962 the population was 450,400. We are rapidly approaching a time of boundary changes and no doubt the creation of new towns. The provisions for Birmingham overspill and the reorganisation of local government boundaries will affect not only the population but also the services to be provided.

The statistics as a whole compare favourably with the national figures for England and Wales although the birth rate per thousand was 17.3 which is slightly below the national average. The actual number of live births was 7,793 which is the highest ever recorded in the history of the county.

There is a slight improvement in the statistics concerning neo-natal and peri-natal mortality rates and as a result of the special investigations mentioned in my report last year which are continuing to be carried out on these special groups, it is hoped that the next few years will show further improvements in the mortality rates.

It is interesting to note that no deaths occurred in the county directly attributable to measles, acute poliomyelitis, whooping cough or diphtheria.

It is essential that the new advances in immunology should be appreciated by the public and that facilities should be readily available for the public and particularly babies and young children to avail themselves of these facilities. In the "smallpox scare" early in the year 59,989 persons were vaccinated or re-vaccinated by general practitioners and members of the medical staff of the health department. Perhaps this may be taken as an indication that if the general public as a whole is not as yet prepared to obtain the various protections for themselves and their children against disease by being immunised at the correct time, at least they will accept the necessity when an anxiety state develops. The immunisation procedures have been well proven, the reactions to the vaccines have been negligible and it is hoped that the new generation of mothers and fathers will ensure that their children are protected against all these diseases at the most suitable and advantageous times in babyhood and at school.

AMBULANCE
SERVICE:

In the body of the report mention is made of the installation during 1962 of radio control for the ambulance service throughout the county. Whilst initial difficulties did arise on its introduction, the service now is functioning satisfactorily and undoubtedly has proved its worth in obtaining quicker emergency treatment and in saving mileage and manpower.

MIDWIVERY
SERVICE:

The problem of the shortage of trained midwives for employment in hospitals and the domiciliary service for which the County Council is responsible is becoming more acute and every means will have to be adopted to make full use of the services of all qualified full-time midwives and an endeavour should be made to recruit for part-time services many of those who have ceased to follow active practice after marriage. It might well be that many of these married ladies, when they have had their families, would be willing to undertake some part-time work and it has been possible recently to engage 7 nurses on this basis, 3 of these being for midwifery nursing. These midwives are particularly useful to undertake the nursing of mothers who have been confined in hospital and have been discharged early and require further nursing care at home.

The number of illegitimate births continues to increase and this would appear to be the result of the greater freedom of action and thought now enjoyed by the younger teenagers.

HOME HEALTH
SERVICES:

These services are now of great importance to the community and more money and manpower has been used in the planned expansion of the many services involved though, of course, there are always the limiting factors of the provision of finance by the County Council and the shortage of trained women.

The importance of the notification of the proposed discharge from hospital, particularly if treatment has not been completed, is an essential factor in the provision of adequate treatment for the patient on arrival at home. It is essential that the family doctor and the local health authority should be notified and if possible be given adequate notice in order that the necessary arrangements can be made. When services are stretched to their utmost it is often difficult to make provision for one extra case which is discharged without notice from hospital, where home nursing is required and the provision of a home help is essential.

HEALTH
EDUCATION:

This is now becoming a specialised field and the time has been reached when consideration must be given to the appointment of a person specially trained in this work. Senior nursing officers have done excellent work but there are other important demands on their time to undertake work for which they are specially trained. Apart from the health education which is applicable to the individual or small groups of people, there is also the need for an approach to the general public and it is here that some form of special training is required.

We have not been successful in our endeavours to persuade cigarette smokers to give up this habit which apart from any other consideration, does cause ill health. We can persuade teenage boys and girls to wear ill fitting long pointed shoes and they will be prepared to cast aside this practice as soon fashion decrees that long pointed shoes are no longer popular but we have completely failed to convince the teenager en masse to either give up smoking or never to start this filthy habit.

MENTAL
HEALTH:

This has been a year of frustration because of our inability to obtain suitable sites for the erection and development of our junior training and adult centres together with hostel provision, though it is hoped that this problem will be solved in the near future.

The voluntary committees at the training centres continue their admirable work and their help both to staff and children deserves the warmest commendation and grateful thanks.

WELFARE
SERVICES:

This service continues to expand and meet the increasing needs of the greater numbers of people who are reaching the 80's and 90's.

Reference is made by Mr. MacDonald, the County Welfare Officer, to the increasing provision of Meals on Wheels and Meals in Clubs and the improved provision for the help of the handicapped, the blind and the deaf.

ENVIRONMENTAL
SERVICES:

One of the important issues which has now been raised is the conservation of water supplies. Although in the past there have been ample supplies of water available and the main problem was its distribution, the tremendous increase in the use of water both for domestic and trade purposes is now creating the problem of where the water itself can be obtained. The bunter sandstone sponge is now providing to its limit and it is necessary to ensure that the waters of the River Severn are not drained down so that the flow of the river is affected and it has now been agreed that a minimum flow of 160 million gallons per day must be maintained.

The increased provision of piped water supplies is now beginning to make its demands on the sewerage systems and increased sewage disposal provisions will be essential in the near future.

TUBERCULOSIS:

Dr. Mayfield emphasises the need for continued vigilance even though the pronounced drop in the number of cases continues. Efforts to trace all contacts of cases and to persuade the public at large to attend at Mass Radiography sessions is even more necessary than previously if we are to achieve the complete eradication of the disease in the foreseeable future.

Many people reading this report will rejoice that Knightwick Sanatorium has been closed down owing to the lack of tuberculosis cases but nevertheless all will be sorry that this efficient hospital situated in some of the most beautiful rural areas of Worcestershire has now been closed.

It will be remembered that Mr. J. P. Holder, M.B.E., was the Honorary Secretary from the opening of the Sanatorium in November, 1902 until 1948 and he also acted as Secretary to the Voluntary Friends of the Sanatorium up to its final closure. This is a wonderful record of service and we hope that Mr. Holder will continue to enjoy his busy retirement and will soon be joining that select group of centenarians.

CO-OPERATION
WITH VOLUNTARY
ORGANISATIONS:

I am indebted to all the many voluntary organisations for the continued support and practical assistance which all their members give to maintain and expand the many direct personal and domiciliary services provided by the Health Committee. It would be impossible to maintain these services at the present level without their help and assistance.

In conclusion I do wish to extend to all members of the staff, professional, technical and clerical, my thanks for their loyal assistance and devotion to duty during what was in many ways a frustrating and difficult year.

To the members of the Health Committee I do most sincerely wish to express my appreciation for their continued support. I am always indebted to the Chairman for his part and it is with the deepest regret that I have at the time of writing this report to record the untimely death of Alderman H. Parkes. It would not be possible for anyone to meet a more sincere person than Mr. Parkes and his powers of devotion to duty in the public service were without bounds. All the officers of the department have lost a friend and adviser who could ill be spared during these times of change in the Local Government Health services, and the County Council, members of the Health Committee in particular, mourn his loss but rejoice in the services he has rendered to his fellow men.

J. W. PICKUP.

County Medical Officer of Health and
Principal School Medical Officer.

Health Committee
(as at 31st December, 1962)

Chairman:	Mr. H. Parkes
Vice-Chairman:	Mr. S. T. Melsom, O.B.E.

The Chairman of the County Council:	Mr. J. M. C. Higgs
The Vice-Chairman of the County Council:	Mr. H. Ashwin, D.L.
The Chairman of the Finance Committee:	Mr. F. L. Rose, C.B.E.

County Aldermen:

Mr. R. R. Adam	Mrs. H. C. M. Porter
Mr. J. W. Bright	Col. W. R. Prescott, M.C., D.L.

County Councillors:

Major D. Blore, M.C.	Mr. J. W. Moffitt
Dr. J. E. Blundell-Williams	Miss E. M. Newth
Mr. E. J. Broughton	Mr. J. T. O'Reilly
Mr. D. G. Dymott	Mr. J. G. Parker
Mr. F. Giles	Mr. W. Parkes
Mr. T. Giles	Mr. W. Perrins
Mrs. J. F. Goode	Brig. J. Scott, D.S.O., O.B.E.
Mrs. A. Gunn	Mrs. R. Starkie
Mrs. B. E. Hibberd	Mr. H. J. Tooby
Mr. A. E. Johnson	Mr. E. A. W. Treadgold
Mr. W. F. Kimberley	Miss M. E. Vernon
Dr. C. A. Mather	Mr. C. Willetts
Mrs. M. B. Matty	Mr. J. H. Wooldridge

Co-opted Members:

Dr. R. S. MacArthur)	
Dr. W. R. Blore)	Local Medical Committee
Vacancy	Local Dental Committee
Mrs. J. C. Wilson)	
Mrs. R. Lane)	County Nursing Association
Miss H. M. Pollard	Women's Voluntary Services
Miss D. S. Tomkinson, O.B.E., M.A.	Worcestershire Federation of Women's Institutes.
Mrs. E. R. Chadwick	Mid-Worcestershire Hospital Management Committee
Mr. J. C. Hutchison	South Worcestershire Hospital Management Committee.
Mr. D. Samuel	Kidderminster Borough Council

Public Health Sub-Committee

Mr. H. Parkes (Chairman)

Mr. R. R. Adam
Major D. Blore, M.C.
Mr. D. G. Dymott
Mr. A. E. Johnson
Mr. W. F. Kimberley
Dr. C. A. Mather
Mrs. M. B. Matty
Mr. J. W. Moffitt
Mr. J. T. O'Reilly

Mr. J. G. Parker
Mr. W. Perrins
Mrs. H. C. M. Porter
Col. W. R. Prescott, M.C., D.L.
Mr. H. J. Tooby
Mr. E. A. W. Treadgold
Miss M. E. Vernon
Mr. C. Willetts
Mr. J. H. Wooldridge

The Chairman of the County Council)	
The Vice-Chairman of the County Council)	
The Chairman of the Health Committee	)	ex-officio
The Vice-Chairman of the Health Committee)	
The Chairman of the County Finance Committee)	

Co-opted Members:

Miss D. S. Tomkinson, O.B.E., M.A.,
Dr. R. J. Henderson, Director of the Public Health Laboratory, Worcester
Royal Infirmary.
Mrs. E. R. Chadwick

Milk Minor Sub-Committee

Mr. H. Parkes (Chairman)

Mr. R. R. Adam
Major D. Blore, M.C.

Mr. D. G. Dymott
Col. W. R. Prescott, M.C., D.L.

Ambulance Prevention and After-Care Sub-Committee

Mr. E. J. Broughton (Chairman)

Mrs. A. Gunn
Mrs. B. E. Hibberd
Mr. A. E. Johnson
Mr. J. W. Moffitt
Mr. J. T. O'Reilly
Mr. J. G. Parker

Mr. W. Perrins
Mrs. H. C. M. Porter
Brig. J. Scott, D.S.O., O.B.E.
Mr. C. Willetts
Mr. J. H. Wooldridge

The Chairman of the County Council)	
The Vice-Chairman of the County Council)	
The Chairman of the Health Committee	)	ex-officio
The Vice-Chairman of the Health Committee)	
The Chairman of the County Finance Committee)	

Co-opted Members

Miss A. E. Dingley
Lt. Col. D. A. Davison, O.B.E., D.L.
Dr. R. S. MacArthur } one only to attend
Dr. W. R. Blore }
The Chairman of the South Worcestershire After-Care Committee (Mrs. R. H. Stallard)
Mrs. F. Pratt

Finance and General Purposes Sub-Committee

Mr. H. Parkes (Chairman)

The Chairman of the County Council
The Vice-Chairman of the County Council
The Chairman of the Health Committee
The Vice-Chairman of the Health Committee
The Chairman of the County Finance Committee

The Chairmen of the following Sub-Committees:

Public Health
Maternity and Child Welfare
Ambulance, Prevention and After-Care
Mental Health
Welfare

Maternity and Child Welfare Sub-Committee

Mrs. H. C. M. Porter (Chairman)

Mr. D. G. Dymott	Mr. W. Perrins
Mrs. A. Gunn	Mrs. R. Starkie
Mrs. M. B. Matty	Miss M. E. Vernon
Miss E. M. Newth	Mr. C. Willetts
Mr. J. G. Parker	Mr. J. H. Wooldridge

The Chairman of the County Council)	
The Vice-Chairman of the County Council)	
The Chairman of the Health Committee	)	ex-officio
The Vice-Chairman of the Health Committee)	
The Chairman of the County Finance Committee)	

Co-opted Members:

Miss T. M. Ashwin		Mrs. R. Lane
Dr. W. R. Blore	) one only	Miss H. M. Pollard
Dr. R. S. MacArthur	) to attend.	Mrs. J. C. Wilson

Mental Health Sub-Committee

Mr. J. W. Bright (Chairman)

Mr. R. R. Adam	Mrs. H. C. M. Porter
Mrs. J. F. Goode	Mrs. R. Starkie
Mrs. B. E. Hibberd	Mr. H. J. Tooby
Mrs. M. B. Matty	Mr. E. A. W. Treadgold
Mr. J. G. Parker	Mr. J. H. Wooldridge
Mr. W. Perrins	

The Chairman of the County Council)	
The Vice-Chairman of the County Council)	
The Chairman of the Health Committee	)	ex-officio
The Vice-Chairman of the Health Committee)	
The Chairman of the County Finance Committee)	

Co-opted Members:

Mrs. T. H. Charles	Mrs. F. Salmon	
Dr. W. R. Blore	) one only	Mr. H. W. Sanders
Dr. R. S. MacArthur	) to attend.	Miss D. S. Tomkinson, O.B.E., M.A.
Mr. J. C. Hutchison		
Mrs. F. Pratt		

Welfare Sub-Committee

Mr. J. G. Parker (Chairman)

Mr. R. R. Adam	Miss E. M. Newth
Major D. Blore, M.C.	Mr. J. T. O'Reilly
Mr. E. J. Broughton	Mr. W. Parkes
Mr. F. Giles	Mrs. H. C. M. Porter
Mr. T. Giles	Mr. W. Perrins
Mrs. J. F. Goode	Brig. J. Scott, D.S.O., O.B.E.
Mrs. A. Gunn	Mrs. R. Starkie
Mrs. B. E. Hibberd	Miss M. E. Vernon
Mrs. M. B. Matty	Mr. C. Willetts
Mr. J. W. Moffitt	Mr. J. H. Wooldridge

The Chairman of the County Council)	
The Vice-Chairman of the County Council)	
The Chairman of the Health Committee	)	ex-officio
The Vice-Chairman of the Health Committee)	
The Chairman of the County Finance Committee)	

Co-opted Members:

Mrs. R. G. Addenbrooke	Miss H. M. Pollard
Mrs. M. Gillmore	Mr. D. Samuel
Mr. J. C. Hutchison	Lt. Col. O. D. Smith, D.L.
Mrs. M. G. Langman	Miss D. S. Tomkinson, O.B.E., M.A.

The Chairman of the Visiting Committees to the Old People's Homes

Heathlands	Mrs. J. C. Wilson
Blakebrook and Holmwood	Mr. J. H. Wooldridge
Laburnum House	Mrs. R. E. Hetherington
The Herlots	Mrs. R. G. Addenbrooke
Malvernbury and The Howsells	Lady Garrod
Swinford Hall	Mr. E. J. Broughton
Shenstone	Mr. H. Parkes

County Staff

County Medical Officer of Health

J. W. Pickup, M.D.,D.P.H.

Deputy County Medical Officer of Health

M. C. Macleod, M.D.,D.P.H.

Senior Medical Officer, School Health Service

Gwen S. Clark, M.B.,Ch.B.,D.Obst. R.C.O.G.,D.P.H.

Senior Medical Officer, Maternal and Child Welfare

Margaret I. Freeman-Archer, M.D.,M.B.,D.Obst. R.C.O.G.,D.C.H.,D.P.H.
(appointed 2.4.1962).

Divisional Area Medical Officers

Kidderminster

C. Starkie, M.D.,M.R.C.S.,L.R.C.P.,B.Sc.,D.P.H.

Oldbury

H. Tabbush, M.B.,B.Ch.,D.P.H.

Deputy Divisional Medical Officer

R. F. Joanes, M.B.,B.S.,D.P.H. (appointed 17.9.1962).

Assistant County Medical Officers of Health

Eileen Bulmer, M.B.,Ch.B.

Kathleen M. Cash, M.B.,Ch.B.,D.Obst. R.C.O.G. (appointed full-time 1.7.1962).

Margaret C. Fell, M.B.,Ch.B.,D.P.H.,D.C.H.

*H. F. Green, M.A.,M.B.,B.Ch.,M.R.C.S.,L.R.C.P.,D.P.H.

C. W. J. Hingston, L.R.C.P.,M.R.C.S.,D.T.M.,D.P.H.

*R. W. Markham, B.A.,M.B.,B.Ch.,D.P.H.

Barbara S. M. Marshall, M.B.,Ch.B.

Margaret M. Meikle, M.B.,Ch.B.,D.P.H.

*C. H. Phillips, M.R.C.S.,L.R.C.P.,D.P.H.

*D. S. Pickup, L.M.S.S.A.,M.B.,B.S.,D.P.H. (appointed 23.7.1962).

A. J. Rowland, M.B.,Ch.B.,D.Obst. R.C.O.G.,D.P.H.

*E. T. Shennan, M.B.,Ch.B.,D.P.H.

*L. S. Stephens, M.B.,Ch.B., D.Obst. R.C.O.G.,D.P.H.

P. B. Williams, T.D.,M.B.,Ch.B.

O. P. Giles, M.B.,Ch.B.,M.R.C.S.,L.R.C.P. (part-time)

W. R. C. Heslop, M.D.,M.B.,Ch.B.,F.R.C.S.,D.P.H.,R.C.P.S. (part-time)

* Also District Medical Officers of Health.

Senior Consultant Chest Physician

+R. B. Mayfield, M.D.,D.P.H.

Consultant Chest Physicians

+E. N. Moyes, M.D.,Ch.B.,M.R.C.P.

+R. C. Cronin, M.B.,Ch.B.,M.R.C.S.,L.R.C.P.

+S. Z. Kalinowski, M.D.

+ Part-time by arrangement with the Birmingham Regional Hospital Board

Chief Dental Officer

B. D. Britten, L.D.S.

Deputy Chief Dental Officer

C. W. D. Jones, B.D.S.

Divisional Dental Officers

M. J. Burford, B.D.S.

V. L. L. Hall, L.D.S.,R.C.S.,Eng. (retired 11.12.1962).

D. M. Hobbs, B.D.S.

Miss R. J. H. Sammons, L.D.S.,R.C.S. Eng.

Dental Officers

D. J. Gallivan, L.D.S.,R.C.S. Eng. (resigned 31.5.1962).

C. Hayes, B.D.S. (appointed 15.10.1962).

W. B. Jones, B.D.S. (resigned 31.8.1962).

K. E. Nicholas, L.D.S.,R.C.S. Eng.

Mrs. A. P. O'Reilly, L.D.S.,R.C.S. Eng.

A. W. Smith, L.D.S. (resigned 1.7.1962).

L. A. Trace, L.D.S.,R.C.S. Eng.

F. A. Trent, L.D.S.,R.C.S. Eng. (appointed 1.11.1962).

Mrs. P. B. Trent, L.D.S. Eng. (appointed 1.11.1962).

Mrs. A. M. Facer, L.D.S. (part-time).

G. T. Facer, B.D.S. (part-time).

Mrs. B. J. Whitehead, L.D.S. (part-time).

Mrs. M. Bevan, L.D.S., (part-time).

P. A. H. Lakin, L.D.S.,R.C.S. Eng. (part-time) (appointed 31.4.1962).

E. N. O'Reilly, L.D.S.,R.C.S. (part-time) (appointed 22.1.1962).

Orthodontist

Mrs. M. A. Tibbatts, L.D.S. (part-time).

County Public Health Inspector

R. W. T. Owen, M.R.S.H.,M.Inst.S.P.,F.A.P.H.I.

Assistant County Public Health Inspector

R. Colenso, M.A.P.H.I.

County Ambulance Officer

G. C. Hutchison

Deputy County Ambulance Officer

S. Ogden

Ambulance - Radio Control - 9.

Occupational Therapist

Miss J. Stott, M.A.O.T.

Miss J. T. Farncombe, M.A.O.T. (appointed 8.1.1962 - resigned 31.8.1962).

Senior Speech Therapist

Miss M. Edwards, L.C.S.T.

Speech Therapists

Miss R. Bourke, L.C.S.T.

Mrs. B. Brookes, L.C.S.T. (resigned 31.7.1962).

Miss E. M. E. Davies, L.C.S.T. (appointed 1.11.1962).

Miss G. A. Samuel, L.C.S.T. (appointed 3.9.1962).

Mrs. V. A. Stone, L.C.S.T. (appointed 3.9.1962).

Physiotherapists

Mrs. D. G. Perry-Keane, M.C.S.P. (part-time).

Miss D. B. Jeavons, M.C.S.P., O.N.C.

Orthopaedic Sister

Mrs. K. J. Johnson, S.R.N., O.N.C., M.W.I.

Senior Chiropodist

H. D. Price, M.Ch.S. (appointed 1.10.1962).

Social Welfare:

County Welfare Officer

R. A. McDonald

Deputy Welfare Officer

A. A. Mumford

Senior Administrative Assistant

M. Hanna, D.M.A.

District Social Welfare Officers

H. Taylor

A. J. Hills

Mrs. J. T. Mackie, B.A.(Soc.)

Miss A. I. Giddins

Miss V. Hill

P. J. Hurley

R. C. Hinds (trainee)

Home Teachers of the Blind

Miss E. F. Gander, B.A.

Mrs. P. M. Bassett (part-time)

Mrs. A. Street

Craft Instructress

Miss S. M. Collier

Vital Statistics

Area in acres	...	...	...	...	...	...	437,460
Populations, Census 1951	...	...	...	...	...	...	400,738
Registrar General's Estimate of resident population mid 1962							450,400
Rateable value 1962/63	..	...	...	...	...	...	£5,635,113
Product of a penny rate 1962/63	...	...	...	...	...	...	£23,045 approx.

			MALES	FEMALES	TOTAL
Live births - Legitimate	...	...	3,842	3,589	7,431
Illegitimate	...	...	193	169	362
Live birth-rate per 1,000 of estimated population	...				17.3
Illegitimate live births per cent of total live births.					4.6

			MALES	FEMALES	TOTAL
Still births	...	...	57	72	129
Stillbirth rate per 1,000 total live and still births					16.3

			MALES	FEMALES	TOTAL
Total live and still births	...	...	4,092	3,830	7,922
Infant deaths (deaths under one year)	...		94	65	159
Infant mortality rates					
Total infant deaths per 1,000 total live births	...				20.4
Legitimate " " " legitimate live births					20.2
Illegitimate " " " illegitimate " "					24.8

Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	...				16.1
---	-----	--	--	--	------

Early neo-natal mortality rate (deaths under one week per 1,000 total live births)					13.7
---	--	--	--	--	------

Perinatal mortality rate (still births and deaths under one week combined per 1,000 total live and still births)					29.8
---	--	--	--	--	------

Maternal mortality (including abortion)					
Number of deaths	...	...	...	...	4
Rate per 1,000 total live and still births	...	...	...	...	0.50

			MALES	FEMALES	TOTAL
Deaths	...	...	2,628	2,547	5,175
Death rate per 1,000 of estimated population	...	...	...	...	11.5
Deaths from measles (all ages)	...	...	...	...	Nil
Deaths from whooping cough (all ages)	...	...	...	...	Nil
Deaths from Gastritis, Enteritis and Diarrhoea (under 1 year of age)			...	...	1
Deaths from Cancer (all ages)	...	...	...	...	841

POPULATION										DEATHS UNDER 1 YEAR		DEATHS UNDER 4 WEEKS		CAUSES OF DEATH DURING YEAR 1962 (b)																																								
Area in Acres	Census 1951	Estimated for Birth and Death Rates, 1962 (b)	Birth Rate per 1,000 estimated population	Total No. of Live Births	Illegitimate Births	Total No. of Stillbirths	Illegitimate Stillbirths	Death Rate per 1,000 estimated population	(a) No. of Deaths Registered	Total Infant Mortality Rate, i.e. Infants under 1 year per 1,000 Births Registered	Illegitimate	Total	Rate per 1,000 Births	Deaths under 1 week Total	Illegitimate	Total	Respiratory Tuberculosis	Other Tuberculosis	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Cancer, Malignant Disease	Leukaemia and Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth and Abortion	Congenital Malformations	Other Defined and Ill-Defined Diseases	Motor Vehicles Accidents	All other accidents	Suicide	Homicide and Operations of War								
URBAN DISTRICTS																																																						
LEIDLAY BOROUGH	3681	4914	3150	18.5	95	3	2	14.4	74	22	2	-	11	1	-	1	-	-	-	-	-	-	-	-	-	-	9	-	-	9	24	6	-	3	6	1	-	-	-	1	-	2	7	2	2	2	-							
BROMSGROVE	9228	27924	35300	17.7	626	22	7	11.7	411	16	10	-	11	7	-	5	-	-	1	-	-	-	-	-	-	-	57	-	3	67	124	20	6	39	33	3	4	-	5	3	-	4	28	5	11	1	-							
DROITWICH BOROUGH	1735	8453	8100	16.4	133	4	-	13.2	107	22	3	-	23	3	-	3	-	-	1	-	-	-	-	-	-	-	16	-	1	19	28	3	2	12	6	2	-	1	-	1	10	2	2	-	-									
EVESHAM BOROUGH	3958	12066	12600	17.0	215	11	3	16.5	208	32	7	-	28	6	-	5	1	-	-	-	-	-	-	-	-	1	36	1	3	31	84	5	-	9	10	-	-	-	-	-	2	10	5	5	5	-								
HALESOWEN BOROUGH	5247	39884	44510	16.9	754	26	15	11.1	496	12	9	-	11	8	-	7	3	-	1	-	-	1	-	-	-	-	89	1	2	83	176	23	4	14	34	1	5	3	1	4	-	6	29	-	7	9	-							
KIDDERMINSTER BOROUGH	4694	37423	42470	18.3	776	43	12	12.2	517	26	20	3	22	17	3	17	3	-	-	-	-	-	-	-	-	2	88	2	4	70	192	16	1	21	38	3	6	2	2	4	-	5	36	6	14	2	-							
MALVERN	7400	21681	27040	15.3	413	26	4	11.3	307	7	3	-	7	3	-	3	-	-	-	-	-	-	-	-	-	1	53	2	1	52	97	26	4	11	21	-	4	-	-	1	-	1	27	4	1	1	-							
OLDBURY BOROUGH	3300	53895	54420	15.1	823	48	24	9.6	523	22	18	1	19	16	1	14	-	1	1	-	-	-	-	-	-	2	89	4	5	70	167	12	3	35	42	8	5	2	1	4	1	2	46	2	12	9	-							
REDDITCH	12059	29184	34780	20.4	708	45	13	11.4	396	24	17	2	17	12	2	8	2	-	-	-	-	-	-	-	-	-	62	1	2	64	119	15	5	22	31	3	5	2	1	5	-	7	31	5	11	2	1							
STOURBRIDGE BOROUGH	4214	37247	44010	17.9	787	23	13	11.0	484	24	19	2	15	12	2	9	1	1	-	-	-	-	-	-	-	1	96	4	8	67	154	13	1	14	43	3	3	-	3	3	1	11	38	8	10	1	-							
STOURPORT-ON-SEVERN	3218	10140	12230	19.0	233	10	4	10.1	124	9	2	-	19	2	-	1	1	-	-	-	-	-	-	-	-	1	19	-	-	30	41	6	1	1	8	-	1	-	2	-	-	2	8	1	2	-	-							
TOTAL	58734	260811	320600	17.4	5563	261	97	11.4	3650	20	110	8	16	87	8	73	11	2	4	-	-	1	-	-	8	614	15	29	562	1206	145	27	181	272	24	33	10	15	26	2	43	270	40	77	32	1								
RURAL DISTRICTS																																																						
BROMSGROVE	45610	28172	36040	19.8	712	29	12	10.0	360	20	14	-	15	11	-	9	1	-	-	-	-	-	-	-	-	3	62	-	2	55	114	13	10	17	24	1	8	3	1	3	-	8	21	4	7	3	-							
DROITWICH	50433	15464	14200	17.5	248	13	8	11.5	163	24	6	1	20	5	1	4	1	-	-	-	-	-	-	-	-	-	18	-	1	22	57	5	4	12	5	-	1	1	1	1	-	3	14	7	7	3	-							
EVESHAM	52872	16453	17610	16.5	291	11	3	11.6	205	21	6	-	14	4	-	4	-	-	-	-	-	-	-	-	-	-	25	-	-	41	79	14	2	7	7	2	3	1	-	-	1	1	11	5	4	2	-							
KIDDERMINSTER	36769	11299	11990	17.7	212	6	1	9.6	115	47	10	-	38	8	-	6	-	-	-	-	-	-	-	-	-	-	18	-	3	17	33	8	-	5	9	1	-	2	2	-	-	4	10	-	2	1	-							
MARTLEY	52823	11441	12080	15.3	185	18	3	12.0	146	16	3	-	16	3	-	3	3	1	1	-	-	-	-	-	-	1	24	1	2	25	43	4	1	12	2	-	-	-	4	1	1	-	9	6	3	2	-							
PERSHORE	58028	16355	18230	18.2	331	19	3	10.9	200	15	5	-	12	4	-	4	-	-	-	-	-	-	-	-	-	2	41	2	-	33	54	15	2	7	15	1	2	2	-	1	-	-	14	3	3	3	-							
TENBURY	31244	5403	5330	15.4	82	1	-	10.9	58	49	4	-	37	3	-	3	-	-	-	-	-	-	-	-	-	-	9	-	-	11	11	7	-	1	4	1	-	1	-	2	-	2	5	2	2	-								
UPTON UPON SEVERN	50947	15340	14320	11.8	169	4	2	19.4	278	6	1	-	6	1	-	1	-	-	1	-	-	-	-	-	-	1	30	1	-	42	77	21	8	28	21	3	-	-	1	2	-	-	34	4	2	2	-							
TOTAL	378726	119927	129800	17.2	2230	101	32	11.7	1525	22	49	1	17	39	1	34	5	1	2	-	-	-	-	-	-	7	227	4	8	246	468	87	27	89	87	9	14	10	9	10	2	18	118	29	30	18	-							
GRAND TOTALS FOR COUNTY	137460	400738	450400	17.3	7793	362	129	11.5	5175	20	159	9	16	126	9	107	16	3	6	-	-	1	-	-	15	841	19	37	808	1674	232	54	270	359	33	47	20	24	36	4	61	388	69	107	50	1								

(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the District, but who died outside these Districts.

(b) These figures are supplied by the Registrar General.

ENGLAND AND WALES:	
Birth Rate per 1,000	18.0
Death Rate " "	11.9
Infant Mortality Rate per 1,000	20.7
Still Birth Rate per 1,000	18.1
Maternal Morality (Total Rate)	0.35
(Exc. abortion)	0.28
Neo Natal Morality Rate per 1,000	
Live Births	15.1

DISTRICT	Meningococcal infection		Scarlet Fever		Diphtheria and Membraneous Croup		Paratyphoid Fever		Puerperal Pyrexia		Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		Ophthalmic Neonatorum		Acute Poliomyelitis		Pneumonia		Acute Encephalitis		Measles		Whooping Cough		Dysentery		Food Poisoning		Erysipelas	
URBAN	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (b)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (a)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
BENDLEY BOROUGH	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	5	3	-	-	1	-	-	-	-	-	-	-	-	-
DROMSGROVE	1	-	25	-	-	-	-	-	5	-	12	-	-	1	-	-	-	-	2	39	-	-	10	-	6	-	17	-	3	-	1	-
DROITWICH BOROUGH	-	-	1	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	1	12	-	-	-	-	-	-	-	-	-	-	-	-
EVESHAM BOROUGH	-	-	-	-	-	-	-	-	-	-	3	1	1	-	-	-	-	-	1	9	-	-	2	-	-	-	-	-	-	-	-	-
HALESOWEN BOROUGH	1	1	25	-	-	-	-	-	-	-	9	3	1	-	-	-	-	-	26	14	-	-	10	-	-	-	56	-	-	-	-	-
KIDDERMINSTER BOROUGH	1	-	2	-	-	-	-	-	-	-	17	3	1	-	-	-	1	-	1	21	-	-	3	-	-	-	-	-	-	-	-	-
MALVERN	-	-	37	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	13	11	-	-	15	-	-	-	22	-	1	-	4	-
OLDTURY BOROUGH	-	-	21	-	-	-	-	-	1	-	24	-	2	1	1	-	-	-	40	35	-	-	99	-	29	-	181	-	4	-	2	-
REDDITCH	-	-	5	-	-	-	1	-	-	-	15	2	-	-	1	-	-	8	22	-	-	11	-	3	-	5	-	1	-	-	-	
STOURBRIDGE BOROUGH	-	-	20	-	-	-	-	-	9	-	19	1	3	1	1	-	-	-	7	14	-	-	6	-	4	-	10	-	2	-	1	-
STOURPORT-UPON-SEVERN	-	-	25	-	-	-	-	-	2	-	4	1	1	-	-	-	-	-	2	1	-	-	4	-	1	-	-	-	-	-	-	-
TOTALS	3	1	161	-	-	-	1	-	17	-	118	11	10	2	3	-	2	-	106	181	-	-	161	-	43	-	291	-	12	-	8	-
RURAL.																																
BROMSGROVE	-	-	12	-	-	-	-	-	3	-	3	1	-	-	-	-	-	-	9	17	-	-	74	-	9	-	22	-	-	-	-	-
DROITWICH	-	-	4	-	-	-	-	-	-	-	3	1	1	-	-	-	-	-	1	12	-	-	6	-	-	-	6	-	-	-	-	-
EVESHAM	-	-	5	-	-	-	1	-	-	-	2	-	-	-	-	-	-	-	2	7	-	-	33	-	1	-	-	-	1	-	-	-
KIDDERMINSTER	-	-	1	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	13	5	-	-	-	-	-	-	-	-	1	-	5	-
MARTLEY	-	-	6	-	-	-	-	-	1	-	9	3	1	1	-	-	-	-	16	12	-	-	20	-	-	-	12	-	-	-	1	-
PERSHORE	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-	1	-	-	7	-	54	-	1	-	-	-	-	-	-	-	-
TENJURY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	4	-	-	-	-	-	-	-	-	-	-
UPTON UPON SEVERN	-	-	6	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	4	28	-	-	15	-	3	-	2	-	-	-	-	-
TOTALS	-	-	34	-	-	-	1	-	4	-	23	5	5	1	-	-	1	-	45	89	-	-	206	-	14	-	42	-	2	-	7	-
GRAND TOTALS	3	1	195	-	-	-	2	-	21	-	141	16	15	3	3	-	3	-	151	270	-	-	367	-	57	-	333	-	14	-	15	-

(a) The deaths refers to all cases of pneumonia, not only those which are notifiable.
(b) The deaths are those ascribed to pregnancy or childbirth.
These figures exclude Non-Civilian

Deaths of Pre-School Children.

Causes of Death Children 0 - 5 years of age								
Cause of death	1st week		1 - 4 weeks		1 - 12 mths		1 - 5 years	
	No. of deaths	%	No. of Deaths	%	No. of Deaths	%	No. of Deaths	%
Prenaturity	47	44%	-	-	-	-	-	-
Pulmonary conditions	13	13%	3	15%	12	32%	4	16%
Birth Trauma	10	9%	1	5%	2	6%	-	-
Congenital Abnormalities	29	28%	14	70%	14	38%	3	13%
Rhesus incompatibility	5	5%	-	-	-	-	-	-
Infections other than Pulmonary	-	-	-	-	6	16%	4	16%
Malignant conditions	-	-	1	5%	-	-	3	12%
Accidents	-	-	-	-	1	3%	9	39%
Other Conditions	2	2%	1	5%	2	5%	1	4%
TOTAL	106		20		37		24	

Congenital Abnormalities

In 1961 it was discovered that if a woman takes the drug thalidomide during the early months of pregnancy, her baby may be born with severe limb deformities. Since then discussion has taken place about whether other drugs can produce congenital abnormalities and in future records of children born with congenital abnormalities will be kept in greater detail in the health department. The following is an analysis of the types of abnormality in the 58 deaths under five years during the year 1961 - 62. (It is not suggested that these are due to taking certain drugs during pregnancy.)

1. Abnormalities of the central nervous system

Meningo myelocoele	15	
Hydrocephalus	6	
Anencephaly	3	24

2. Heart lesions	21
3. Diaphragmatic hernia	3
4. Abnormalities of urino genital system	3
5. Tracheo oesophageal fistula	2
6. Severe limb and other deformities	1
7. Other abnormalities	4

Babies born with limb deformities

A total of seven babies were born with limb deformities during the year, but there is definite evidence that thalidomide was taken in only one of these cases and this baby died at aged eight days. In one other case in which it is known that thalidomide was taken the baby was born with deformed ears but the limbs were normal.

Of the seven children born with limb deformities, two had legs absent but normal arms, three had one arm reduced to half the normal length with some finger abnormalities and two had deformities of the fingers of one hand.

Section 22

Care of Mothers and Young Children

Child Welfare Centres

An advisory centre was opened at Harvington during the year and the centre at Astley was closed owing to the small number of mothers who attended. The clinic at Rubery was transferred from the church hall to the new clinic premises which are light and airy and provide a toddlers play room as well as far better facilities for the doctor and health visitors.

It is important that there should be a happy atmosphere in the clinics so that the mother with the poorly dressed and puny baby feels as welcome as the mother whose baby looks the picture of health. The voluntary workers have a big part to play in this respect and it is they who can transform a rather bare and gloomy hall into a place where mothers want to sit and chat for a while and gain more than purely medical advice from a clinic visit. The continued help of these voluntary workers is much appreciated.

Ante-natal and Post-natal Clinics

The medical care of the expectant mother has now passed almost entirely into the hands of her general practitioner and excluding the Oldbury area only one local authority ante-natal clinic remains where patients are examined by a doctor. Sessions are held in another area just for taking blood for routine examinations but this is for the convenience of the patients who would otherwise have a long journey to the pathological laboratory of their nearest hospital. The domiciliary midwives continue to hold clinics either in clinic premises or in their district room.

While the responsibility for the medical care of the expectant mothers is no longer that of the local health authority, there is an increasing need for teaching these mothers about keeping healthy during pregnancy, about the process of labour and about looking after their babies when they are born. New parentcraft and relaxation classes have opened in Stourport, Wythall, Blackheath and Tenbury and some midwives in rural areas arrange small classes when there seems to be a need.

The larger classes are run by the health visitors and physiotherapists but the midwives are now attending courses to train them to undertake this type of work and are helping at these classes in increasing numbers. Attendances are shown in the tables.

Attendances at Child Welfare Centres 1961 and 1962

CENTRE			1962				1961			
			No. of Openings	New Cases	Total Attendances	Average Attendance per Session	No. of Openings	New Cases	Total Attendances	Average Attendance per Session
<u>Bewdley Borough</u>	-	Wribbenhall	22	75	879	41	23	45	677	29
<u>Bromsgrove Urban</u>	-	Bromsgrove	51	179	2,923	57	51	152	3,098	60
		Catshill	27	91	1,094	40	26	46	1,489	56
		Marlbrook	24	81	1,193	49	24	51	1,590	66
		Rubery	50	151	3,397	66	51	163	3,282	64
<u>Bromsgrove Rural</u>	-	Alvechurch	24	89	1,323	55	24	68	1,071	44
		Belbroughton	22	24	388	17	22	17	515	23
		Beoley	11	15	189	17	23	12	221	20
		Clent	23	22	556	19	24	18	427	18
		Cofton Common	47	74	1,409	31	48	92	1,781	37
		Cofton Hackett	21	20	363	17	21	30	422	20
		Hagley	23	63	767	33	12	31	712	31
		Finstall	24	32	579	24	24	24	605	25
		Wythall & Hollywood	65	166	2,047	31	71	138	2,392	33
<u>Droitwich Borough</u>	-	Droitwich	48	147	2,497	52	48	136	2,615	50
<u>Droitwich Rural</u>	-	Crowle	10	18	277	28	11	20	239	22
		Fernhill Heath	24	54	821	34	24	62	988	38
	*	Hanbury	12	25	286	24	12	24	298	25
		Hartlebury	24	46	871	36	24	52	812	34
		Ombersley	12	26	127	10	12	32	173	14
		Wychbold	21	22	437	21	23	34	582	25
<u>Evesham Borough</u>	-	Evesham	51	196	2,032	39	51	208	3,266	36
<u>Evesham Rural</u>	-	Badsey	12	139	613	51	12	128	547	45
		Beckford	12	10	177	15	12	8	241	20
		Bretforton	12	20	244	20	12	20	159	13
		Broadway	23	18	658	28	24	18	562	23
	*	Childswickham	12	27	384	32	12	16	320	27
		Honeybourne	12	16	318	24	12	18	326	27
		Kemerton	11	14	162	15	12	11	162	14
		Littletons	24	30	610	26	24	21	528	22
		Offenham	11	22	340	31	12	17	285	24
		Pebworth	11	10	180	16	12	13	221	18
	*	Sedgeberrow	11	19	313	28	12	17	332	28
<u>Halesowen Borough</u>	-	Blackheath	75	203	4,074	53	79	174	3,568	82
		Cradley	92	297	3,735	40	94	69	2,448	65
		Halesowen	68	228	3,362	49	64	291	3,336	82
		Lapal	24	69	1,310	50	20	126	725	36
<u>Kidderminster Borough</u>	-	Birchen Coppice	35	85	774	22	35	110	855	24
		Broadwaters	49	59	1,516	31	48	56	1,149	24
		Comberton	46	62	1,348	29	49	56	1,919	39
		Coventry Street	48	237	2,930	60	48	267	3,116	63
		Foley Park	47	145	3,047	69	48	152	3,660	74
		Franche	48	84	2,566	53	48	126	2,650	55
<u>Kidderminster Rural</u>	-	Blakedown	11	19	271	24	12	39	302	25
		Chaddesley Corbett	12	41	163	15	12	37	171	14
		Cookley	23	51	931	40	22	55	397	39
		Gorst Hill	12	6	131	11	12	7	156	13
		Rock & Far Forest	12	25	216	18	12	14	255	23
		Wolverley	12	33	673	54	12	40	503	42
<u>Malvern Urban</u>	-	Lansdowne	27	37	757	28	27	40	529	20
		Link	49	116	2,097	42	51	108	1,796	35
		Newtown	48	86	1,663	34	48	82	1,577	32
		Sherrards Green	51	97	2,837	39	51	84	1,777	34
		Wyche	11	11	89	8	10	13	108	10

Attendances at Child Welfare Centres 1961 and 1962

			1962				1961			
			No. of openings	New Cases	Total Attendances	Average Attendance per Session	No. of openings	New Cases	Total Attendances	Average attendance per session
<u>Martley Rural</u>	-	* Alfrick	11	8	185	17	12	12	190	16
		Broadheath	24	26	432	18	24	29	350	14
		Clifton-on-Teme	12	41	171	14	12	45	274	20
		Hallow	24	25	435	18	24	31	497	21
		Holt	6	7	41	9	6	8	57	10
		* Leigh	12	10	126	10	12	8	116	10
		* Martley	12	59	320	27	11	22	269	14
		Shrawley	6	9	58	9	6	6	84	14
		Great Witley	6	12	103	17	6	9	98	16
		Little Witley	6	5	41	7	6	5	50	8
<u>Oldbury Borough</u>	-	Langley	103	280	6,527	63	104	305	6,359	61
		Oldbury	50	167	2,874	57	48	138	2,774	57
		Warley	100	234	4,378	43	100	239	4,715	47
<u>Pershore Rural</u>	-	* Bishampton	10	28	281	28	10	26	283	28
		Bredon	11	15	222	20	11	16	265	24
		Drakes Broughton	12	50	400	34	12	25	196	18
		Eckington	12	33	463	38	12	22	440	36
		Fladbury	24	45	286	13	23	33	313	24
		Norton-Kempsey	12	37	551	47	12	80	384	32
		Pershore	24	186	898	37	24	223	1,071	44
<u>Redditch Urban</u>	-	Abbeydale	23	35	563	25	24	57	813	34
		Astwood Bank	21	40	430	25	22	32	438	22
		Batchley	48	97	2,282	60	46	110	2,416	53
		Feckenham	11	11	146	14	11	8	121	12
		Greenlands Avenue	23	119	1,191	52	24	99	1,329	55
		Headless Cross	23	114	1,363	61	22	120	1,328	59
		Redditch	48	237	3,220	67	47	190	2,536	50
<u>Stourbridge Borough</u>	-	Lye	51	137	2,528	49	51	105	2,073	41
		Norton	51	81	1,592	31	51	98	1,733	34
		Pedmore	21	73	1,111	53	21	48	799	40
		Stourbridge	48	169	2,522	52	48	159	2,098	44
		Wollaston	49	108	2,448	50	48	134	2,694	55
		Wollescote	51	137	3,242	63	52	134	2,738	52
<u>Stourport Urban</u>	-	Areley Kings	24	113	1,341	56	24	107	1,177	49
		Stourport	23	104	1,252	54	24	98	1,184	49
		Wilden	12	17	276	23	12	19	274	23
<u>Tenbury Rural</u>	-	* Lindridge	6	23	82	13	6	12	72	12
		* Pensax	11	17	96	9	11	7	76	7
		Tenbury	21	36	133	19	21	36	446	22
<u>Upton-on-Severn Rural</u>	-	Callow End	11	23	289	26	12	27	333	28
		Hanley Swan	12	14	224	19	12	17	546	22
		Kempsey	12	30	537	45	12	51	550	46
		* Longdon	12	38	420	35	12	32	439	28
		Upton-on-Severn	23	30	510	22	23	20	593	18
		* Welland	12	19	194	16	23	13	300	13
		TOTALS	2,711	7,031	108,830	-	2,741	6,703	107,826	-

* Mobile Clinics

Relaxation and Parentcraft Classes				
Clinic	New Cases		Attendances	
	1961	1962	1961	1962
Bromsgrove	60	57	236	178
Cofton Common	61	58	218	209
Droitwich	46	38	197	148
Evesham	93	103	316	382
Halesowen	142	163	835	885
Halesowen (Blackheath)				
Opened Sept.1962.	-	19	-	52
Hanbury	6	3	20	9
Kidderminster	94	115	344	347
Lye	53	55	276	294
Malvern	104	116	519	510
Marlbrook	38	35	163	153
Oldbury	54	86	293	375
Redditch	50	117	336	517
Stourbridge	158	160	777	595
Stourport				
Opened July 1962	-	44	-	113
Tenbury				
Opened Oct. 1962	-	6	-	13
Wribbenhall	10	26	101	128
Wythall				
Opened Sept. 1962.	-	11	-	28
Worcester City Clinic	18	38	80	176
Stourport H.M.C.	164	116	469	453

Distribution of Welfare Foods

Arrangements for the distribution of welfare foods throughout the County remain substantially the same as in previous years. These foods are sold at 92 maternity and child welfare centres and at 51 other distribution points. In all there are 143 places at which mothers can purchase the necessary foods and this is considered to be adequate.

The following table indicates the distribution of welfare foods in the six year period 1957 - 1962. It will be seen that there has been a steady decline in the amount of foods distributed, but this is counter-balanced by the up-take in other preparations supplied at child welfare clinics.

	1957	1958	1959	1960	1961	1962
Tins National Dried Milk	134,694	107,301	105,371	97,631	93,294	87,517
Bottles Cod Liver Oil	37,187	24,551	23,870	22,978	16,968	8,254
Packets A and D Tablets	18,122	17,692	18,960	20,553	17,648	11,207
Bottles Orange Juice	299,348	197,802	186,784	199,616	141,161	98,084

Nurseries and Child Minders

An increasing number of women are anxious to start child minding establishments and "play groups" for young children. This is partly because the idea has received a good deal of publicity in women's magazines recently and also because many parents like their young children to attend a nursery and get used to mixing with other children before they start school. Eight nurseries and 10 child minders were registered at the end of the year providing places for a total of 236 children.

Handicapped Children

(a) Hearing tests for young children.

It is important that if a child has a hearing defect, this should be diagnosed at an early age in order that suitable training may be given. If this training is early and adequate, speech may develop naturally in a child who would otherwise have been deaf and dumb.

In order to make this diagnosis early, a special training course was arranged for the health visitors under the guidance of Professor Ewing and his team from the Audiology Unit of Manchester University. It is hoped that in future all babies living in the County will have a special screening test for hearing carried out by a health visitor at the age of seven months. Those who fail the test will be investigated further by a medical officer.

(b) At risk list

Certain groups of children are known to be more liable to have congenital hearing defects as well as other defects such as mental retardation, cerebral palsy, congenital heart disease and eye defects. These are children born to mothers who have had a virus infection early in pregnancy, who have had toxæmia of pregnancy, or who have had a complicated labour. Other babies especially "at risk" are those who were very blue at birth, who developed severe jaundice soon after birth, or who have been noted to have one congenital defect. Children whose near relatives are deaf, or children who have developed meningitis are also more likely to suffer hearing defects. A special "at risk" list is therefore being drawn up and the development of this group of children will be watched particularly closely so that any defect can be spotted and the appropriate treatment started at a very early age.

(c) Handicapped children register

In cases where a handicap is present the health visitor sends in a report at intervals. The aim is to ensure that all such children are receiving adequate treatment and that the child shall receive the appropriate educational treatment either when he reaches the usual school age of five years or earlier if this is considered to be advantageous.

There were 489 handicapped children under the age of five years at the end of the year in the following categories:-

Eye Defects	152
Hearing Defects	10
Epilepsy /	30
Speech Defects	18
Physically Handicapped	80
Cardio Vascular Defects	37
Mental Retardation	116
Other Defects	46

Illegitimacy

St. Catherine's at Malvern is a home for unmarried mothers and older babies and young children in cases where the mother may be fit to go out to work. It is hoped that a home for unmarried mothers will open at Barshan House, Malvern, early in 1963 under the auspices of the diocesan moral welfare association. This will cater for mothers during later pregnancy and for the first few weeks after the baby is born.

The diocesan moral welfare association also act as the Council's agent in outdoor moral welfare work, assisting mothers who are expecting illegitimate children and arranging for their care before and after the birth of the child.

Report by Diocesan Moral Welfare Worker

During the year 248 cases were referred to the diocesan workers; 214 were unmarried girls, and 34 were married women, whose expected child did not belong to her husband.

Of the 91 who were admitted to mother and baby homes, 75 lived in the County area and 58 received help with their fees through the health department of the County Council, while 16 paid their own fees. 157 stayed with friends, in their own homes or in lodgings until confined in hospital, and took the baby home with them or were helped by a foster-mother.

Of the unmarried girls, 24 were under 17 years of age at the date of birth of their child; 8 were still at school when they became pregnant. Of the fathers of these babies, 23 were known and interviewed, 17 were under 21, 6 were over 21.

With the opening of Barshan House, 33, Graham Road, Malvern, as the Diocesan Mother and Baby Home, early in 1963, many more unmarried girls will be able to remain within the County for their confinement, which will be a saving of time and money and make better work towards rehabilitation possible.

Family Planning Clinics

This work is carried out under the auspices of the family planning association who hold clinics at Kidderminster, Oldbury, Redditch, Worcester and Birmingham. Grants to financially assist clinics were made in two cases during the year.

Marriage Guidance

In 1962 grants were made to the following:

Birmingham Marriage Guidance Council

Worcester and District Marriage Guidance Council.

Dental Treatment of Expectant and Nursing Mothers
and Pre-School Children

by B. D. Britten, Esq., L.D.S., Chief Dental Officer

Once more there was a falling off in the seeking of dental treatment by expectant and nursing mothers from the Authority's Dental Surgeons. Only 240 were referred for examination and all but three of these required treatment. A much better trend, however, was shown in the number who actually commenced treatment - only five refused at that stage. The number who actually completed treatment was higher than that for the previous year, but, whilst it appears from the table of returns that many who were treated were not rendered dentally fit, it must be remembered that some of the patients may still be awaiting completion of treatment or the fitting of dentures at the end of the year. However, a similar "carry-over" from the previous year would seem to indicate that all too many of this class of patient do not have treatment completed.

An interesting trend seems to have been established during the year. Whilst the number of mothers treated actually rose as compared with the previous year, the number of teeth extracted fell sharply. The number of fillings also fell as did the number of dentures fitted. It has been observed that an appreciable proportion of cases referred for inspection and treatment are mothers who have had previous dental treatment, either through the County's Dental Service or through the General Dental Services and it is felt that the proportion of mothers with really bad mouths has decreased considerably during the last few years.

Further losses and gains to the dental staff during the year resulted in slightly fewer sessions being set aside for the work, but it is gratifying to note that more parents are bringing their young children to the clinics for treatment. Here again the number of teeth extracted per child actually fell whilst the number of teeth filled or treated otherwise rose considerably. It seems that parents are at last bringing their children to the clinics before toothache compels them to do so.

Evening sessions were carried out in Stourbridge, Kidderminster and Redditch, but the attendance at these evening sessions was sometimes extremely disappointing. Daytime sessions are now being arranged and it is found that the attendances at these are slightly better on average.

A new clinic was built at Rubery during 1962 but was not put into use before the end of the year.

Dental Care of Expectant and Nursing Mothers and Children Under School Age

(1)	(a) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child wefare service :-	
	(1) Senior Dental Officer	1/10
	(2) Dental Officers	1.0
	(b) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service	nil
	(c) Number of dental clinics in operation at end of year	18
	(d) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	227
	(e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year.	1 Senior 1 Apprentice

(2) Dental Treatment Return

A. Numbers Provided with Dental Care

(1)	Examined (2)	Needing Treatment (3)	Treated (4)	Made Dentally Fit (5)
Expectant & Nursing Mothers	240	237	232	191
Children under Five	492	434	420	381

B. Forms of Dental Treatment Provided

(1)	Mouldings and Gum Treatment (2)	Fillings (3)	Silver Nitrate Treatment (4)	Crowns or Inlays (5)	Extract- ions (6)	General Anaes- thetics (7)	Dentures Provided		Radio- graphs (10)
							Full Upper or Lower (8)	Partial Upper or Lower (9)	
Expectant and Nursing Mothers	72	577	-	1	694	13	70	60	34
Children under Five	-	247	155	-	836	172	-	-	2

Section 23

Midwifery Service

County Council midwives attended 2,580 deliveries during the year accounting for 34% of births to county mothers. Only 31 of these cases had failed to book a doctor before starting in labour. The remaining 5303 babies were born in hospitals or homes, but in 3,181 cases the mother was discharged before the 10th day and nursed by a county midwife.

Lying in period for domiciliary cases

The period after the confinement during which the midwife attends the mother was reduced from 14 days to 10 days in the County area owing to the shortage of midwives. This means that the health visitor takes over the case four days earlier, but, of course, the midwife would continue after 10 days if any further nursing care were required.

Employment of part time midwives

A large number of maternity patients are delivered in hospital but return to their own homes within a few days of delivery. Two part time midwives are therefore employed in urban areas to nurse these patients and so relieve the full time midwives.

Maternity Outfits

The full maternity pack which is issued to patients having a home confinement contains more dressings than are required for a patient who is delivered in hospital and returns home early. A modified and cheaper pack has therefore been substituted for patients in the latter category.

Analgesia

A third trilene apparatus was purchased during the year to give mothers relief from pain during labour. This type of analgesia is often preferred both by the patient and the midwife to the more generally used gas and air and the three machines have been fully used throughout the year.

Pupil midwives

Thirteen pupils completed their district training as part of a Part II midwifery course in the county during the year, two of whom were trained wholly on the district.

Practising midwives in the County

Twelve hospital midwives and eight private midwives notified their intention to practise during the year. The district staff at the end of the year was as follows:-

District Midwifery Staff at end of Year

	Full time	Part time	Full time Equivalent	Car Drivers
Midwifery only	11	2	12.0	10
District nursing/ midwifery	58	1	34.1	59
General duties	36	-	11.4	36
TOTALS	105	3	57.5	105

Premature births

There were 448 premature live births and 78 premature still births in the county during the year. If a woman starts in labour some time before she is due and it is anticipated that the baby will be very small, it is usual to transfer her to hospital for delivery even if she had arranged to have a home confinement. In this way the premature baby can be kept under the correct conditions of warmth and oxygenation from birth. Only 27 babies weighing less than 4lb. 6 oz. were born at home and seven of these were transferred to hospital after birth. Of the whole group of 448 babies only 70 babies failed to live beyond 28 days.

Still births

There were 168 still births, 78 of them premature.

Maternal deaths

There were three maternal deaths due to pregnancy during the year. Two were cases of toxæmia, both of whom had a Caesarean section at 36 weeks but subsequently developed renal failure. One of these mothers had received adequate antenatal care but the other had concealed her pregnancy until it was well advanced because she was an unmarried mother. The third maternal death was due to an attempted self induced abortion.

There was a fourth death which was due to status epilepticus associated with an early pregnancy.

Section 24

Health Visiting

Mothers and young children

The work among mothers and young children has continued as in previous years. 48 health visitors attended Professor Ewing's course on screening tests of hearing for babies and young children and are now testing babies who reach the age of seven months.

The routine urine testing at six weeks of age for phenylketonuria is also continuing.

Care of the elderly

One health visitor has continued to act as liaison officer between the hospital and domiciliary geriatric services in the south of the county and similar appointments were made during the year to cover the Bromsgrove and Redditch areas. It is proving invaluable to have one person in each area to whom cases of elderly people in difficulty can be reported and this type of work is likely to increase in an ageing population.

Liaison with Hospitals

Maternity Hospitals

Health visitors attend four of the five maternity units in the county each week both to deal with social problems and to help in parentcraft teaching. Written reports are received of all the maternity patients after they are discharged.

Paediatric Units

In one unit the health visitor attends weekly and receives verbal information about all the children. In the other units written reports are received after the children are discharged.

General medical and surgical units

There is no routine liaison between the health visitors and these units. If the health visitor is visiting other parts of the hospital she may be called upon, and the almoner often consults about individual cases.

Geriatric units

The three special geriatric health visitors have already been mentioned.

Liaison with General Medical Practitioners

A health visitor spends half a day a week in each of two group practices. The work here is chiefly in connection with the care of mothers and young babies though the meeting affords a valuable opportunity for discussion of other cases. There is scope for an extension of this kind of work, but as health visitor duties increase year by year it is extremely difficult to make the necessary staff re-arrangements.

Health Visiting Staff at the end of the Year

	Full time	Part time	Full time equivalent	Car driver
Health visitor	1	-	1.0	1
Health visitor/School nurse	44	1	24.6	35
Tb. Health visitor	3	-	3.0	3
Health visitor/School nurse and Tb. Health visitor	3	-	1.2	3
Audionetric Health visitor	1	-	.3	1
District nurse/health visitor	1	-	.5	1
General duties	35	-	7.2	35
TOTAL	88	1	37.8	79

Health Education

The promotion of health education must today be regarded as a vitally important service to the community and this being so, every member of the health department staff coming into contact with the general public must realise that he or she is a health educator in one form or another. Certainly the best results will be obtained by everyone working together as a team.

The aims of health education are to promote a happy and healthy living by the individual in any community. There are many ways of imparting this information to the public but certainly group education by talks, showing of films and slides has proved effective and it is a method pursued in this County. At the same time, the good work done by personal contact both in the home and in the clinics cannot be excluded.

There was a steady demand throughout the year from various organisations for talks not only during the day but also in the evening. Many members of the staff have freely given up off duty periods in order that all requests could be covered.

In areas of the County where parentcraft classes are arranged the attendance is very good. An interesting innovation was the setting aside of one parentcraft class for fathers only. A local general practitioner attended and gave a talk which proved so successful that a further class was requested.

All staff who are responsible for undertaking health education duties are freely supplied with all current literature, mostly in the form of pamphlets and occasionally by booklet.

It was possible during the year to arrange four exhibitions on the theme "Safety begins at Home". These exhibitions were staged thanks to willing co-operation at:

The Three Counties Show, Malvern
Fire Brigade Annual Review, Halesowen
Horticultural Show, Stourbridge
Rotarians Home Safety Rally, Halesoen

In addition, a successful stand on "Water Safety" and "Broken Glass" was displayed at the Women's Institute "Home and Gardens" exhibition held at the Shirehall, Worcester.

It is now a recognised fact that health teaching has a place in the school curriculum. Teaching staffs of schools are asking for more guidance in health education matters and there was an increased demand during the year for nursing and health visiting staff to visit schools and talk to senior pupils. This trend is indeed welcome but we must not fail to recognise that the school child of today needs to have confidence in the lecturer who should be specially selected and the talks should also be carefully prepared.

For some years it has been an agreed policy in the administrative County of Worcestershire that courses of instruction in mothercraft and child care should be given to senior girls in the final year of their school life. These courses have proved to be extremely popular. It has in cases been necessary to extend a course which can now cover an academic year. The extended course includes first aid, home nursing, hygiene and child care. It is followed by an examination and girls reaching the required standard are given a certificate.

We are continually reminded that children mature and reach the age of puberty much earlier than was the case in the last century. With this in mind, courses of instruction in school may be augmented to include many more age groups including the senior pupils of the primary schools.

Throughout the year much emphasis has been placed on the subject of smoking and health. The matter was carefully considered by the appropriate Sub-Committee of both the Health and Education Committees. The result of which was the setting up of a Special Joint Sub-Committee with co-opted members representing the teaching profession, youth clubs and others vitally concerned.

This Special Committee did consider most fully all aspects of the problem and were unanimous in deciding that an all out campaign should be actively pursued during 1963 in the hope that their efforts would go a long way towards preventing school children from developing smoking habits.

The scheme was brought to the notice of the Finance Committee who agreed that a sum of £1,000 should be allocated for the campaign and this was ratified by the County Council.

Apart from the widespread publicity which is to be given to the 1963 programme, much has also been done in the past year in the form of distributing appropriate leaflets and posters. The Central Council for Health Education are, of course, extremely active in this field and do intend giving valuable first hand assistance throughout 1963.

A special article has been written on smoking and health taking into account the progress made up to the 30th June, 1963. This appears as Appendix "A" at the end of the report.

Section 25

Home Nursing

The number of cases visited by the district nurses during the year has fallen a little due very largely to changes in modern treatment which necessitate fewer injections. The number of people over 65 years of age who need home nursing has, however, risen and this trend is likely to continue.

Rehabilitation at home

People are living longer nowadays and many remain active in body and mind. Old people are, of course, more liable to become ill and may have to stay in bed for a while. If, however, the illness is transient, it is essential that the old person should be encouraged to get up and return to an active and independent life as soon as he is fit. Without this encouragement many would remain bedridden for the rest of their lives.

Thus the home nurse is concentrating more and more on rehabilitating her patients and this is often a very time-consuming process. With this in view arrangements are being made for the nurses to attend short courses on rehabilitation and it may be that practical courses in hospital will be arranged in the future.

Modern treatment in home nursing

In addition to keeping up with types of modern equipment available, the district nurses also try to put modern treatment into practice. Recently some of them have attended refresher courses and learned about a new method of treating varicose ulcers which produces healing even in chronic cases. After discussion with the patient's general practitioner they have tried this new method on some of their patients and have had excellent results. They have discussed this treatment with their colleagues and even more nurses are now using this method.

Marie Curie Assistance for Cancer Cases

An increasing number of cancer cases are being nursed at home but they often require additional comforts such as extra nourishment, clothing or fuel. The Marie Curie Foundation is able to pay for this, and applications are made to the Health Department which acts as an agent for the Foundation.

A free day and night nursing service is also now available for terminal cancer cases to allow relatives to have one or two good nights' sleep each week. A panel of nursing attendants has been drawn up in the north of the county, all of whom have had some nursing experience, but none of whom is a member of the Health Department staff. Applications for assistance are made to the County Nursing Officer who makes the necessary arrangements, and the cost of the service is again borne by the Marie Curie Foundation. This service is being used more and more and is one which is very much appreciated.

Home nursing staff at end of year				
	Full time	Part time	Full time equivalent	Car Drivers
District nursing only	30	4	31	29
District nursing/midwifery	59	1	24	60
District nursing/health visiting	1	-	1	1
General duties	35	-	15	35
TOTALS	125	5	71	125

The Isobel Morcom Medal and Prize

This was awarded to Miss Wiggins, S.R.N., S.C.M., Q.N., who had worked in the county for 24 years.

Long Service Badges

Long service badges and bars were awarded to eight nurses and these were all presented at the County Nursing Association annual general meeting.

County Nursing Association

The annual general meeting took place in June when a very interesting film was shown entitled "Lives of our Children" a real life story on the work of the United Nations' Children Fund.

Under the able chairmanship of Mrs. J. C. Wilson there has been a more realistic relationship between the many District Nursing Associations and the County Nursing Association. Again the "Garden Scheme" has raised a record amount towards the Central fund of the Queen's Institute of District Nursing and towards augmenting the pensions of some of our older retired nurses.

Nurses Houses

During the year four new purpose-built houses with district room facilities were erected in various parts of the County.

Training of Students from other authorities.

Nine students from Nottingham and five from Worcester City visited the County for rural experience.

16 final year students from the Mid-Worcestershire Hospital Management Committee Training Centre spent a day on the district in Kidderminster or Bromsgrove, observing the work of the district nurse and health visitor.

Health Visitors and Queen's Training

Three students were accepted for health visitors training at Battersea Training College and one at Brighton. Two nurses completed the Queen's District Training and returned to work in the county. Four Queen's nurses completed the health visitor training and are now doing generalised work in rural areas.

Post graduate courses

Two administrative nursing staff, 28 midwives, eight district nurses and six health visitors attended courses during the year, 25 of the midwifery courses being the statutory ones required by the Central Midwives Board.

Annual County Refresher Course

This course for medical and nursing staff was held at Worcester on March 27th, 28th and 29th. There were about 370 attendances at the three sessions, the subjects discussed being "Applications of Radio-isotopes", "Radioactivity in Human Diet", "Old Age and its Problems", "Some aspects of antenatal care", "The prognosis of prematurity" and "Marriage Guidance, its scope and extent".

Public Health Act, 1936. Registration of Nursing Homes

12 Nursing homes are now registered providing four maternity and 153 other beds.

Section 29

National Health Service Act - Home Help Service

This service is delegated to the Women's Voluntary Service and thanks are again due to Miss Pollard the County Organiser and to the area home help organisers for their continued interest and help. At the end of the year there were five whole-time and 57 part-time organisers giving a total whole-time equivalent of 18.5 working from 19 centres in the county.

Thirty-three whole-time and 427 part-time domestic helps were employed at the end of the year giving a total whole-time equivalent of 234.

Number of Cases for whom Helps were provided 1959 - 1962					Domestic Help Service Staff 1959 - 1962				
Types of cases	1959	1960	1961	1962		1959	1960	1961	1962
Maternity	432	527	608	503	Full-time	27	28	39	33
Tuberculosis	26	20	23	18	Part-time	353	423	423	427
Long-term illness	1,520	2,085	2,512	2,910	Totals:	380	451	462	460
Short-term "	645	620	468	463					
Totals:	2,623	3,252	3,611	3,894	Equivalent full-time helps.	200	210	240	234

County Organiser's Report

During the year much thought has been given to the administration of the service.

(a) A special meeting of the Maternity and Child Welfare Sub-Committee considered reports by the County Treasurer and the W.V.S. County Organiser; in view of the continued development of the service, it was necessary to compare expenditure in the different areas, not only with regard to population, but against the national standard. It was found that some areas were showing too heavy an expenditure, while others could increase. Efforts have been made to remedy this, but there still remain the factors of varying needs and the availability of suitable Helps.

(b) Payment of wages by cash presents difficulties in some areas, and enquiries are in progress as to the possibility of payment by cheque.

(c) Additional clerical help has been provided in the County W.V.S. Office. New organisers were appointed in Bowdley, Redditch, Stourport and Upton-on-Severn Rural District.

Centres are encouraged to interest and use more W.V.S. members in clerical work and visiting, so that changes can operate more smoothly.

The Meals on Wheels service is increasing steadily and this is having some effect on the better use of home helps' time in some areas.

Mrs. Ashmore of the Headquarter's staff attended the residential course of the National Institute of Home Help Organisers at Cambridge.

Vaccination and Immunisation

Smallpox Vaccination

In the early part of the year following reports of cases of smallpox in other parts of the country, there was an increased demand by the public for vaccination. There were no cases in the county and mass vaccination was not undertaken.

Smallpox Vaccination

The following is the vaccination return for the County for the year ended 31st December, 1962:-

Age at date of vaccination	Under 1	1	2 - 4	5 - 14	15 or over	TOTAL
No. vaccinated	4,910	819	1,838	7,101	11,755	26,423
No. revaccinated	5	18	527	7,358	25,658	33,566

There was one case of generalised vaccinia.

The corresponding total of primary vaccinations for the year 1961 was 5,267 primary vaccinations and 469 revaccinations.

Of the 26,423 primary vaccinations 3,224 were performed at Clinics being 12.2% compared with 29.8% for 1961.

Diphtheria Immunisation

Immunisation of infants with triple antigen continued satisfactorily during the year. Reinforcing injections are given on school entry and again when children reach eight to nine years of age.

The following table shows the number of children in age groups who received primary immunisation and reinforcing injections during the year:-

Smallpox Vaccination - Annual Return for the year ended 31st December, 1962 - Summary.

DISTRICT	No. of persons vaccinated						No. of persons re-vaccinated					
	Under 1	1	2-4	5-14	15 or over	TOTAL	Under 1	1	2-4	5-14	15 or over	TOTAL
BENDLEY B.	64	4	27	159	214	468	-	-	13	189	409	611
DROITWICH B.	61	63	42	113	116	395	1	-	8	108	596	713
EVESHAM B.	132	27	60	208	340	767	-	-	19	196	624	839
HALESOWEN B.	459	60	170	695	1523	2907	-	-	47	501	1683	2231
KIDDERMINSTER B.	505	25	252	913	1618	3313	-	-	76	1081	2950	4107
OLDBURY B.	531	87	277	1438	1932	4265	1	2	38	521	1913	2475
STOURBRIDGE B.	613	66	96	489	1050	2314	-	-	28	579	1920	2527
BROMSGROVE U.D.	411	91	161	468	853	1984	-	3	41	397	1323	1764
MALVERN U.D.	330	22	83	153	409	997	-	-	16	677	2071	2764
REDDITCH U.D.	432	74	152	558	299	1515	-	-	8	215	3102	3102
STOURPORT U.D.	161	7	22	129	236	555	-	-	148	950	569	792
BROMSGROVE R.D.	361	122	199	565	1123	2370	-	10	9	208	653	871
DROITWICH R.D.	79	68	45	137	249	578	1	-	26	290	1023	1340
EVESHAM R.D.	157	37	74	348	501	1117	-	1	14	352	839	1205
KIDDERMINSTER R.D.	129	13	50	197	331	720	-	-	15	497	1011	1524
MARLEY R.D.	152	18	33	46	224	473	-	2	3	229	613	859
PERSHORE R.D.	147	15	51	221	310	744	2	-	4	165	410	578
TENBURY R.D.	54	4	15	64	123	260	-	-	4	203	909	1116
UPTON-ON-SEVERN R.D.	132	16	29	200	304	681	-	-				
TOTALS	4910	819	1838	7101	11755	26423	5	18	527	7358	25658	33566

Diphtheria Immunisation

The following table shows the number of children in age groups who received primary immunisation and re-inforcing injections during the year.

	Children born in years:--								Total
	1962	1961	1960	1959	1958	1953-1957	1948-1952		
A. Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents) during the year ended 31st December, 1962.	2257	3397	230	79	58	391	46	6458	
B. Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age) during the year ended 31st December, 1962.	-	22	84	63	248 (1)	6546 (2144)	736 (454)	7699 (2599)	

The figures in brackets are second reinforcing doses which have been included in the main figures.

B.C.G. Vaccination

The results of the 1962 programme and corresponding figures for previous years are given in the following table:-

	1962	1961	1960	1959	1958
No. of invitations issued	7354	7019	8040	6459	5412
No. of consents received	6629 (90.1%)	6258 (89.2%)	7175 (89.2%)	5496 (85.1%)	4711 (87.0%)
No. of children tested	5961	5385	6391	4693	4292
No. of positive re-actors	724 (12.1%)	508 (9.5%)	950 (14.9%)	553 (11.8%)	584 (13.6%)
No. of negative re-actors given B.C.G.	5237	4877	5441	4140	3708

The percentage of negative re-actors was 87.9% compared with 90.5% in 1961.

Poliomyelitis Vaccination

During the latter part of 1961 owing to a national shortage of vaccine, the vaccination programme was halted, but as supplies began to improve early in 1962 those persons who had started a course in 1961 were given reinforcing injections, to avoid wastage of the earlier doses of vaccine. A waiting list of new registrations was built up but this was dealt with quickly when supplies of Sabin oral vaccine were made available for issue to Clinics and General Practitioners and also the suspension of fourth doses for school children between the ages of 5 and 12 years was lifted.

At the end of April a campaign was launched with advertisements in local newspapers, the circulation of posters and other forms of propaganda, offering oral vaccine at "open sessions" in the evening in all the towns in the county. These sessions continued at monthly intervals until September but the response from the public in most areas was only fair and was rather disappointing in spite of the enthusiastic efforts of the medical, nursing and clerical staff who gave up their evenings to man these Clinics. During this period oral vaccine, and vaccination with Salk vaccine if specially requested, continued to be given at all the main Clinics at monthly sessions held during the day. Provision has been made also for the vaccine to be available at most child welfare centres.

The following table shows the position at the end of 1962:-

Poliomyelitis Vaccination

Age Group	Estimated Population	Had two injections only of Salk Vaccine	Had three injections of Salk Vaccine or two Salk and one Sabin	Had four injections of Salk Vaccine or three Salk and one Sabin	Had course of Sabin Oral Vaccine (three doses)	Total	Percentage of Estimated Population
Born in 1962	7,745	21	-	-	565	586	7.6%
Born 1945-61	129,000	1,148	67,610	42,486	4,782	116,026	89.9%
Born 1933-42	58,000	333	32,560	-	1,194	34,087	58.8%
Others	-	597	32,001	-	3,946	36,544	-
Totals	450,400 (County)	2,099	132,171	42,486	10,487	187,243	41.6%

Note:- The percentage for the 1962 age group is low as vaccine is not given until a child is at least 6 months of age and the course of Oral Vaccine takes three to four months to complete.

Whooping Cough Immunisation

Notifications of the number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year ended 31st December, 1962.

Year of Birth	Number of Children
1962	2348
1961	3069
1960	208
1959	63
1958	45
1953 - 1957	287
1948 - 1952	8
Total	6028

Whooping Cough Immunisation - Summary of Returns for year ended 31st December, 1962

Notifications of the number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year ended 31st December, 1962.

DISTRICT	1962	1961	1960	1959	1958	1953-57	1948-52	TOTAL
BEWDLEY BOROUGH	26	40	-	1	1	8	-	76
DROITWICH BOROUGH	39	18	3	2	2	1	-	65
EVESHAM BOROUGH	59	93	6	1	1	-	-	160
HALESOWEN BOROUGH	233	301	19	8	2	6	1	570
KIDDERMINSTER BOROUGH	224	256	17	9	2	8	1	517
OLDBURY BOROUGH	166	385	28	6	3	17	1	606
STOURBRIDGE BOROUGH	272	374	20	8	4	6	-	684
BROMSGROVE URBAN	175	311	13	8	2	2	-	511
MALVERN URBAN	90	184	16	6	2	13	2	313
REDDITCH URBAN	429	64	17	2	4	7	-	523
STOURPORT URBAN	99	139	7	1	-	9	-	255
BROMSGROVE RURAL	166	301	14	5	9	6	-	501
DROITWICH RURAL	45	25	2	-	1	2	-	75
EVESHAM RURAL	60	123	11	2	2	4	-	202
KIDDERMINSTER RURAL	71	89	9	1	5	105	2	282
MARTLEY RURAL	47	86	7	1	2	7	-	150
PERSHOPE RURAL	91	143	4	1	2	73	1	315
TENBURY	23	27	3	-	1	11	-	65
UPTON-ON-SEVERN RURAL	33	110	12	1	-	2	-	158
TOTALS:	2348	3069	208	63	45	287	8	6028

Ambulance Service

Service Statistics

During the year there was a slight decrease in the work covered by the Ambulance Service. From an analysis of the figures, out-patient cases were 100,887 compared with 106,575 in the previous year, a decrease of 5,688 cases. The main reason for the decrease was due to the mid-Worcestershire hospital management committee taking over the responsibility of conveying patients from the Droitwich hospitals to the brine baths for treatment from 1st October, 1962.

Cases conveyed by ambulance totalled 164,787 which involved 654,797 road miles for the year. The average number of miles per case was 3.9 as compared with 3.6 during 1961.

The hire car and hospital car services were again extensively used as shown below:-

Hire Car

18,352 cases were conveyed covering 189,923 road miles for the year. The average miles per case being 10.3 as compared with 12.0 in 1961.

Hospital Car

17,628 cases were conveyed covering 258,321 road miles for the year. The average miles per case being 14.6 as compared with 12.3 in 1961.

Mentally subnormal patients were conveyed by hired transport to junior training centres throughout the County. The mileage involved was 88,687 to convey 11,324 patients as compared with 3,709 patients during the previous year.

Staffing

Considerable re-organisation took place within the service during the year involving not only the introduction of radio control but also the setting up of 24 hour manning of some three stations situated at Bromsgrove, Halesowen and Kidderminster.

On 1st June the South Worcestershire hospital management committee was relieved of the responsibility of operating the ambulance station at Evesham, the responsibility being taken over by the Worcestershire County Council. This necessitated an increase in staff from three part-time driver attendants, operating on an agency basis, to six full-time driver attendants. This measure has given additional coverage in the Evesham area generally.

It is pleasing to be able to record the help, consideration and confidence in the service which was at all times freely shown throughout the year by the Ambulance Prevention and After-Care Sub-Committee and also the Health Committee on whose recommendation the County Council approved an increase in the establishment of operational staff. Details of the staff of driver-attendants as at 31st December 1962, is shown in table 'B'.

Communications

The installation of radio control throughout the County was finally completed in September 1962, and the service became operational during the same month with a control headquarters at the County Health Department in Worcester.

The control is manned constantly and covered by a staff of nine consisting of a controller, deputy and seven assistants.

In addition to the normal operation of the ambulance service in the day time, all emergency (999 calls) throughout the County are received

at the central radio control, whose responsibility it is to deploy the nearest ambulance available to the scene of the emergency.

Up to the time of compiling this report, radio control has been in operation for only three months but already the advantages of this system are being borne out, particularly in answering emergency calls.

Premises

Considerable progress has been made with the building and planning of new ambulance stations. The Bronsgrove station was opened at the beginning of the year and it had been hoped that the new station at Oldbury would be ready for occupation in October but due to unforeseen difficulties it will not now be opened until early in 1963, and will prove to be a most useful asset to the service.

Work has been commenced on the new station at Malvern and it should be ready for occupation towards the end of 1963.

Plans are also in hand for the provision of a new station at Evesham but it is proving very difficult to find a suitable site.

New Vehicles

In order to maintain a pro rata balance of vehicles, three small ambulances and four larger ones were purchased during the year. The larger type being capable of carrying four stretcher cases by a simple conversion which could be carried out by an ambulance crew in a matter of minutes.

Of the total of seven vehicles ordered during the year only the smaller type have been received and they are proving to be most satisfactory. It is expected to take delivery of the larger vehicles in February, 1963, or in any event before the end of the financial year on the 31st March, 1963.

Voluntary Agency

The County Ambulance Officer is also the ambulance officer to the Worcester City and District Voluntary Ambulance Committee, who provide a service on an agency basis for the City of Worcester and the surrounding County areas.

During the year 5,986 county cases were conveyed a total of 37,635 miles compared with 5,912 cases and 37,988 miles in 1961.

The Voluntary Committee agreed to the introduction of radio control from the same date as the remainder of the County and have done much to ensure full co-operation between the City and County Controls in order to eliminate wasted mileage and journeys.

Hospital and Hire Car Service

As will be seen from table "A" these services have again been used extensively and have provided a valuable auxiliary to the main ambulance service. They have been used where the use of an ambulance would be uneconomic and unnecessary.

I am grateful to the drivers in maintaining such an efficient service; testimony to their fine work is shown in the statistics.

There has been a large increase in hire car services. These vehicles range from ordinary saloon cars to mini-bus type of vehicles which have been found very useful in conveying sitting patients from parts of the County to the hospital catchment areas and they can be called on at short notice in instances where late orders are received at control.

Volunteers

The position regarding volunteers in the County areas remains the same as last year in that very few are undertaking duties. It has, however, been possible to arrange escorts for patients travelling by rail although this has been extremely difficult at times.

It should, of course, be remembered that a considerable number of St. John Ambulance Brigade and British Red Cross Society volunteers do attend at the ambulance station at Worcester. This station is operated by the Worcester City and District Voluntary Committee on behalf of the City and County local authorities, and to them I am grateful for all the assistance that is given.

Civil Defence Ambulance and First Aid Section

The re-organisation of the civil defence has produced a slight falling off in attendances. This appears to be a national problem rather than a local one.

The object of the re-organisation has been to create a nucleus of fully trained volunteers which can be quickly expanded in any emergency. Several of the volunteers are now preparing to undertake standard tests which are expected to take place early in 1963.

A number of exercises were carried out during the year:-

Exercise 'LION' was held on the 17th June in Stourbridge. This was purely an ambulance and first aid exercise designed to simulate a peace-time rail disaster. Three coaches were supplied by British Railways and were involved in a fictitious mishap at Stourbridge Town Station. Four ambulances, two P.E.V.'s each P.E.V. having a full first aid party and in addition one first aid party, was provided by British Railways.

Exercise 'LIFE LINE I' was held on the 8th July. The ambulance and first aid section provided six ambulances and crews including several other volunteers. The object of the exercise was to test the functioning of a part of a forward medical aid unit.

Exercise 'TO AND FRO' was held at Hereford on the 18th November. The ambulance and first aid sections of civil defence took part, the authority providing the Deputy C.O. and Platoon Officer. Five ambulances from the authority took part, the exercise being designed to test procedures for the evacuation of casualties.

Table A1 - Cases conveyed and mileage covered by ambulance, hospital and hire cars.

Month	A: Ambulances				B: Hospital Cars				C: Hire Cars			
	Cases		Miles		Cases		Miles		Cases		Miles	
	1961	1962	1961	1962	1961	1962	1961	1962	1961	1962	1961	1962
JANUARY	13569.	14175	57651	59190	2036	1829	24547	20982	937	1345	11169½	15249
FEBRUARY	14044	14409	53776	51732	1849	1585	21149	20534	773	5077	8364	13904
MARCH	16245	16607	59525	56707	2253	1323	23943	18265	938	1414	10171	19148
APRIL	12739	12465	47666	46593	1923	1593	22751	20978	881	1135	10329	16175
MAY	16161	17394	55087	58171	2281	2080	28178	26452	1117	1191	12167½	15321
JUNE	17333	14091	55671	53000	2160	1264	24559	22265	1097	1065	13519	15490
JULY	16671	15239	57090	59089	2012	1474	23293	22692	1056	1187	12695	16124
AUGUST	11122	10549	46693	47044	1829	1305	23128	21512	1001	1153	11962	16136
SEPTEMBER	14457	15126	50652	52206	1832	1269	24030	21623	1055	1239	13620	15613
OCTOBER	16162	12806	55767	60768	1891	1333	25349	22644	1096	1191	14646	15599½
NOVEMBER	16106	12753	56550	59930	1565	1260	25118	20012	1237	1248	13976½	16225½
DECEMBER	13386	9173	51856	50367	1570	1313	21277	20362	829	1107	12063	14939
TOTAL	177995	164787	647894†	654797*	23202	17628	287322	258321	12017	18352	144682½	189923

† Including 144) Residue miles, Worcester City and District Voluntary Ambulance Service.
* Including 105)

Table "B" - Establishment at 31st December, 1962

Ambulance Station	No. of Vehicles	Driver Attendants	
		Whole Time	Part Time
BROMSGROVE	7	14	-
EVESHAM	4	6	-
HALESOWEN	6	14	-
KIDDERMINSTER	8	14	-
MALVERN	6	8	-
OLDBURY	5	8	-
PERSHORE *	1	-	3
REDDITCH	5	8	-
STOURBRIDGE	5	9	-
TENBURY *	1	-	3
WYTHALL	1	-	Agency
HAYLEY GREEN HOSPITAL	2	-	1
<u>TOTAL</u>	51	81	7

* Pershore and Tenbury - During the hours between 8 a.m. and 5.30 p.m., Monday to Friday and 8 a.m. - 12.30 p.m. on Saturday, the ambulance service is operated on an agency basis. The part-time men taking over at nights and week-ends.

Tuberculosis 1962.

Dr. R. B. Mayfield, Senior Consultant Chest Physician, has given the following report :-

Table I shows that the low notification rate of tuberculosis in 1961 was maintained in 1962, though not again lowered. In recent times we have become accustomed to see a new low record every year, but, in a long term disease such as this, where infection often takes place some years before actual illness is appreciated, progress is likely to slow down as the goal of complete elimination comes into sight. Nevertheless this temporary halt emphasises the continued need for all practicable measures of prevention at our disposal. This need is further underlined by the fact that still some 15% or more of school children have been infected by the time they reach the age of 13 years. Fortunately few of these develop actual illness, but they should not be exposed to the risk, which will continue so long as unknown cases exist amongst us. As stated in previous reports, all these infections of children and others could ultimately be prevented if all of us, and especially the elderly, would make use of the opportunities offered us by mass radiography.

Table II shows the trend of death rates during the past 30 years. In the latter part of this period the more rapid fall must be attributed mainly to the use of effective anti-tuberculous drugs, but the progressive, though slower fall in the previous years indicates that credit is also due to other factors. Notable among these are better housing and nutrition, isolation of infectious patients and health education of patients and their families.

During the year the Regional Hospital Board decided that Knightwick Sanatorium is soon to close, and the patients will be treated in future in Newtown Hospital. Knightwick has served the County well and, though many ex-patients have expressed their regret that this beautiful site will no longer be used for a hospital, all must be delighted that the numbers of patients have so diminished that neither Knightwick, nor St. Wulstan's a few years ago, are required any longer.

Table I

Notification of Tuberculosis

Y E A R	Respiratory		Non-Respiratory		All Forms	
	No. of cases	Rate per 1,000 population	No. of cases	Rate per 1,000 population	No. of cases	Rate per 1,000 population
1958	195	0.46	28	0.07	223	0.52
1959	168	0.39	24	0.06	192	0.44
1960	153	0.35	16	0.04	169	0.39
1961	139	0.31	14	0.03	153	0.34
1962	141	0.31	15	0.03	155	0.34

Table II
Deaths from Tuberculosis

	Respiratory		Non-Respiratory		Respiratory and Non-Respiratory	
	No. of cases	Rate per 1,000 population	No. of cases	Rate per 1,000 population	No. of cases	Rate per 1,000 population
Av. 1932-36	191	0.60	39	0.122	230	0.72
Av. 1937-41	167	0.47	39	0.112	206	0.59
Av. 1942-46	155	0.42	37	0.100	193	0.52
Av. 1947-51	127	0.33	22	0.54	149	0.38
Av. 1952-56	58	0.14	7	0.017	66	0.16
Av. 1957-61	26	0.06	3	0.006	29	0.07
1962	16	0.04	3	0.006	19	0.04

Table III
Notification and death rates in districts 1962.

Population	District	Notifi- cation rate per 1,000 popula- tion	Death rate per 1,000 popula- tion	Total cases noti- fied	Total Deaths
5140	Bewdley Borough	0.78	0.00	4	-
35300	Bromsgrove Urban	0.37	0.00	13	-
8100	Droitwich Borough	0.37	0.00	3	-
12600	Evesham Borough	0.32	0.08	4	1
44510	Halesowen Borough	0.22	0.07	10	3
42470	Kidderminster Borough	0.42	0.07	18	3
27040	Malvern Urban	0.18	0.00	5	-
54420	Oldbury Borough	0.48	0.02	26	1
34780	Redditch Urban	0.52	0.06	18	2
44010	Stourbridge Borough	0.50	0.04	22	2
12230	Stourport-on-Severn Urban	0.41	0.08	5	1
36040	Bromsgrove Rural	0.08	0.03	3	1
14200	Droitwich Rural	0.28	0.07	4	1
17610	Evesham Rural	0.11	0.00	2	-
11990	Kidderminster Rural	0.25	0.00	3	-
12080	Martley Rural	0.83	0.30	10	4
18230	Pershore Rural	0.16	0.00	3	-
5330	Tenbury Rural	- -	0.00	-	-
14320	Upton-on-Severn Rural	0.21	0.00	3	-
450400	Whole County	0.34	0.04	156	19

Occupational Therapy

By Miss J. D. Stott, M.A.O.T., County Occupational Therapist

The figures show that during the year 2,111 visits were paid to 150 patients. One third only of this number were patients suffering from diseases of the chest and the pattern seems to be firmly established whereby occupational therapy is in the main now being provided for non-tubercular patients.

On January 8th Miss J. T. Farncombe was appointed to replace Miss R. J. Young. Unfortunately Miss Farncombe only remained until the end of August when she left the service to marry and so far she has not been replaced. On December 10th Miss Mary Hadley, an experienced domiciliary Occupational Therapist, was appointed to the staff for three weeks. She was able to help reduce the backlog of work accumulated since August.

It is unfortunate that only between January and August was the routine occupational therapy able to continue as usual. It is hoped that the situation can be rectified early in the new year since the pressure of work is becoming much greater owing to the increasing demand for this service from the more heavily disabled type of patients who, of course, require much more time and attention individually.

Assisted by the Stourbridge Horticultural Society and the Wolverhampton Branch of the Infantile Paralysis Fellowship, successful sales of work have been held at various times during the year, and although the Wolverhampton Branch has now closed down, it is hoped that their Birmingham counterpart will be able to help us later on.

Physiotherapy and Orthopaedics

By Miss D. B. Jeavons, M.C.S.P., O.N.C.
Mrs. K. J. Johnson, S.R.N., O.N.C., M.W.I.

During the year the pattern of work has proceeded on similar lines to that of previous years. It must, of course, be again emphasised that a high proportion of the work is the unspectacular but very essential routine supervision of persons receiving remedial exercises or wearing special appliances or footwear at the instance of the Medical Officers or Orthopaedic Surgeons.

The patients, parents and others often suffer considerable inconvenience over routine supervision but do in most cases readily accept same and certainly appreciate help. Typical examples of this are the after care of children who have been hospitalised with serious orthopaedic conditions and on discharge often require splints or plaster for long periods. It is particularly rewarding to see progress with these patients, the parents of whom have freely accepted advice on the domiciliary management of the child. The teaching staff at schools always help to the best of their ability and only recently there was the school that had two severely handicapped children and who made considerable progress under a normal environment thanks to understanding and co-operation.

One must again mention the numbers of foot defects aggravated in many cases by the type of shoe worn by teenagers to keep in "fashion". There is no doubt that a lot of these patients will at some stage require the care of an Orthopaedic Surgeon or a Chiropodist.

Many visits have been paid to the Open Air School at Malvern for the purpose of teaching asthmatic exercises to the children requiring them.

Throughout the year relaxation classes for expectant mothers at Malvern have been well attended.

Convalescence

During the year a total of 251 cases supported by a medical certificate were referred for varying periods of convalescence. Of this number, 169 patients were eligible under the County Council scheme and proceeded on convalescence to various homes listed in the following table, the average stay for each being two weeks. The remaining 82 patients were fully investigated and although the financial circumstances of some were such that the County Council could not accept responsibility, it was possible in many instances to make arrangements with a number of Societies who have convalescent schemes for a holiday.

The admission rate to the various homes has remained fairly constant and comparable with previous years. The general practitioners throughout the County freely make recommendations for deserving cases to have the advantage of this scheme and from the number of letters received the arrangements made are appreciated by the patients.

We have the fullest possible co-operation with the convalescent homes and it is most unusual if any patient has to wait for a vacancy.

Convalescent Homes used during 1962.

<u>Name of Home</u>	<u>No. admitted</u>
Inglenook Convalescent Home, Weston-super-Mare.	52
Mrs. Bunn, Bowling Green House, Bromsgrove	48
Friendly Societies Convalescent Home, Herne Bay.	35
Victoria Convalescent Home, Clevedon.	8
Mr. Routen Cliftonville.	7
Belmont Convalescent Home, Clevedon	3
The Rest Convalescent Home, Porthcawl.	2
St. Luke's Convalescent Home, Exmouth.	2
Lady Forester Home, Llandudno.	1
Bell Memorial Home, Lancing.	1
Danehurst Home, Malvern.	1
Oakwood Home, Malvern.	1
The Laurels, Bromsberrow.	1

Medical Comforts

The British Red Cross Society and the St. John Ambulance Brigade have throughout the year again been most helpful in arranging for the distribution of medical comforts from many voluntarily run centres. This system does ensure a speedy issue of equipment for which the general public are most appreciative. The willing co-operation of the voluntary services in this valuable work is extremely gratifying to all concerned.

It is extremely important that all domiciliary patients should be encouraged to move about and be as independent as possible. This is when medical comforts can assist greatly, particularly lifting equipment which allows a patient to be transferred from his bed to a chair or commode with the minimum of effort on the part of a relative.

The transit type wheel chair is by far the most popular piece of equipment issued since it can, of course, be folded and easily carried by car. Certainly by this means more patients can now get some relief from the monotony of home surrounds.

It is still not readily understood by the public at large that medical loan equipment issued through a local authority is generally for a temporary period. When equipment such as a chair is required permanently this is supplied through the appropriate regional office of the Ministry of Health Appliance Division. To avail oneself of this service patients or relatives must approach their own general practitioner who in turn will call in the appropriate consultant who will order on the Ministry of Health.

Chiropody Service

On the 1st October, 1962, Mr. H. D. Price, M.Ch.S., took up his duties as the Council's first full-time chiropodist. As Mr. Price had previously been employed on a sessional basis this was not a full gain but nevertheless, it was an important and welcome addition to the strength of the staff.

At the end of the year, there were 123 persons on the waiting list, a number which would have caused some concern had it not been for the fact that another full-time chiropodist (Miss M. P. Miller) had been appointed to take up duty in the new year.

The service was being provided at eleven County Council clinics or hired premises and in three areas at the chiropodists' own surgeries. The staff, full-time, sessional or giving individual appointments, numbered seven.

The number of treatments given during the year was 5,613 of which 2,576 were at clinics, 1,976 at chiropodists' own surgeries and 1,061 at home. The number of treatments in 1961 was 5,080.

The number of new cases referred during the year was 519 of which, for one reason or another, 36 did not commence treatment.

At the end of the year the number of persons receiving treatment was 1,194. Transport was being provided in 108 cases (9%) and home visits were being made in 267 cases (22.5%). In 224 cases (19%) the treatment was given without charge.

Mr. H. D. Price, reporting on his first three months service comments as follows:-

"Particularly with the aged treated under the scheme such conditions as vaso-spastic disturbances, peripheral neuropathies, the risk of ulceration, local tissue breakdown and even focal gangrene are met with.

Many of the feet seen seem to have been badly neglected prior to treatment, indeed it is quite common for patients to present themselves with onychogryphatic nails literally over one inch in length and depth.

The osteo and rheumatoid arthritic diseases seem to cause many of the foot problems in patients attending for treatment and lesions formed by deformities in the feet produce a great deal of disability. The chiropody care plays an important part in maintaining the mobility and general health and well-being of these people.

Elderly patients present a preponderance of circulatory and neurological disorders and particularly with the many diabetic patients seen, a strict and regular surveillance of the feet is necessary.

The average age of patients treated under the scheme is probably in the region of 70 years but age is not the sole qualification and one case in particular comes to mind of a female patient of 24 years - this patient had a cerebral operation and was partially blind and paralysed. In part due to her general condition she had a chronic septic condition of the toes which had been present for three months prior to treatment. The morale and well-being of the patient had certainly not been assisted by the pain and discomfort of this apparently minor condition in conjunction with the more serious aspects of her illness.

It is interesting to note that only one case has been recorded of an expectant mother attending for treatment although one would have thought that the effects of pregnancy on the feet might have been profound - comparatively sudden weight increase and the physiological changes occasioned.

In the future it might be possible to develop some form of corrective and preventive treatment for children, thereby tending to eliminate many of the things which cause foot troubles in later life".

Grants were again made to the British Red Cross Society, the Women's Voluntary Service and the Powick District Nursing Association which voluntary organisations together give about 1,000 treatments a year.

Effective from the 1st July, 1962, new salary scales for full-time chiropodists will, it is hoped, do something to encourage recruitment of staff. An increase in the amount of sessional fees is expected following this salary award.

Under the provisions of the Professions Supplementary to Medicine Act, 1960, the Chiropodists Board is now in being and registration of chiropodists is proceeding. The closing date for applications for registration in the first register is the 30th June, 1963. As from a date yet to be fixed, State Registration will be the sole condition of employment or of continued employment in the National Health Service.

Venercal Diseases:

The following information has been supplied by the hospital at which the patients attended:-

Treatment Centre	Number of Worcestershire Cases:-			
	Syphilis	Gon.	Not V.D.	Total
WORCESTER	3	15	101	119
KIDDERMINSTER	2	5	56	63
BIRMINGHAM	3	19	84	106
DUDLEY	4	5	42	51
GUILDFORD	4	5	1	1
Totals 1962	12	44	284	340
1961	14	64	283	361
1960	11	57	196	264
1959	13	27	250	290
1958	18	37	165	220
1957	17	34	190	241
1956	16	33	230	279
1955	16	31	191	238
1954	34	29	247	310
1953	46	61	285	392
1952	53	78	271	402
1951	54	44	259	357
1950	42	52	279	373
1949	68	98	311	477
1948	105	111	350	566
1947	104	142	450	696
1946	126	226	592	944
1945	88	140	675	903
1944	93	70	555	718
1943	114	129	661	899

Mental Health Service

1. Administration

Mental Health Sub-Committee

The County Council's powers in relation to mental health continue to remain delegated to the Mental Health Sub-Committee. The Medical Superintendents of the Hospitals for the mentally disordered in Worcestershire continue to attend the meetings of the Sub-Committee in an advisory capacity.

Staff

The staff of the service consists of a lay administrative mental health officer, one administrative assistant, five district mental welfare officers, three assistant district mental welfare officers and two female mental welfare officers. In addition two trainee mental welfare officers, one male and one female, have been appointed with a view to their secondment in due course to a two year course in social work training leading to the National Certificate in Social Work. One additional assistant district mental welfare officer will take up post in the new year. There are twenty-one mental health workers employed at the four training centres in the County. Great difficulty is being experienced in recruiting persons of the right calibre to act as mental welfare officers and it is hoped that the establishment of the training courses will stimulate recruitment to the field.

Co-ordination with the Regional Hospital Boards

There is close co-operation between the Council's officers and the Birmingham Regional Hospital Board and its officers. Patients on leave from hospitals are visited and supervised by the Council's officers on behalf of the various hospital management committees. There is close contact between the officers and the medical and social staffs of the local psychiatric hospitals and regular weekly meetings are held at the hospitals at which officers attend. The Council's officers take an increasingly larger share in the social welfare work normally carried out by the hospitals' staffs.

Voluntary Associations

The Guardianship Society at Hove supervises those of the Council's guardianship cases in Eastbourne and Hastings. The various voluntary welfare committees continue to work with the appropriate training centre in their locality. The Worcester junior training centre has no voluntary welfare committee as yet but there is close relationship with local societies in Malvern and the City of Worcester.

Training of Officers and Workers

Staff have been released from duty to attend at appropriate training conferences and courses whenever appropriate.

The medical superintendents of the psychiatric hospitals in the County continue to help with the training of the mental welfare officers. There are regular weekly meetings and clinical demonstrations at the hospitals and the Council's staff have the benefit of attending whenever appropriate training courses are held for the hospital staffs.

This system of training is very satisfactory and I would like to express my grateful thanks to the medical superintendents and their staffs.

As referred to above, two trainee mental welfare officers have been appointed. These officers will spend one year undergoing practical instruction with the mental welfare officers and will then be seconded for two years to the national courses in social work training.

So far as training centre staff is concerned, the Council encourages all the trainees to qualify for the appropriate diploma and send away one member of the staff each year.

2. Community Work

The emphasis now is on work within the community and officers have found this work has greatly expanded. Details are given under the next heading.

Although loan sanction had already been granted for some of the projects in the Council's development programme for the provision of hostels and training centres great difficulty was experienced in finding and acquiring suitable sites. Following the Minister's decision against the Council's proposal to provide training centre and hostel facilities in Stourport, another site was found in Kidderminster and this again is to be the subject of a Public Inquiry in the new year. A site has been acquired at Redditch for a purpose-built adult centre and it is hoped that this centre will be operational early in 1964.

Prevention, Care and After-Care

The mental welfare officers, both male and female, and the health visitors continue to visit the severely sub-normal in the community (supervision, guardianship and leave of absence). The male officers supervise the male severely sub-normal, the female officers the female severely sub-normal over the age of five years and the health visitors supervise all severely sub-normal under the age of five years.

After-care in connection with mental illness is carried out by all the mental welfare officers. The volume of the work has continued to increase and the social aspect of the officers' work now far overshadows their statutory duty. The officers aim to provide a continuity of service by association with their patients before admission to hospital, during treatment and after discharge. An indication of the volume of work is given in the following table:-

	<u>1962</u>	<u>1961</u>
<u>Referrals</u> (all sources)	1753	1147
<u>Visits</u>		
After-care of Mentally Ill	6357	4215
Sub-normal supervisory	2534	2361

Since 1959, when integration of the mental welfare officers and the social work staff of the hospitals was first mooted, great strides have been made in providing a continuity of service for those who are mentally ill. Integration by this time is virtually complete and is kept constantly under review so as to achieve greater efficiency and a greater benefit to the patients.

Mental Illness

In 1962 there were 1140 admissions to psychiatric hospitals within the County, 950 of these were admitted as informal patients and 190 were detained for observation and treatment under the appropriate section of the mental health act 1959. Discharges numbered 988 whilst 141 deaths occurred at the hospitals.

The number of admissions is again greater than in the preceding year (1029), informal admissions comprising approximately 83% of all admissions.

Severely Subnormal

Severely subnormal patients continue to be reported through the usual methods of notification. 68 new cases were reported during 1962. 37 of these were reported under the provisions of the education act, 1944 and

31 from other sources. Of the 68 cases five were admitted to hospital and the remainder were placed under supervision. In addition 20 patients on the waiting list were admitted to hospitals, making a total for the year of 25 admissions.

522 Worcestershire patients were in hospitals throughout the country at the end of the year. On the waiting list for admission at the end of the year were 39 patients, of whom seven were regarded as urgent.

14 patients were discharged from hospital and 15 deaths took place during the year.

Applications for admission for temporary periods were again received and 22 patients were received into hospitals so that parents and relatives could have holidays or a respite from caring for the patients. Since the zoning of hospital beds, Dr. Patterson of Lea Hospital has again been most helpful in providing accommodation for the majority of the applicants, quite often at very short notice.

Permanent admissions to hospitals of severely subnormal patients are for the most part carried out informally.

Guardianship and Supervision

Patients under guardianship at the end of the year numbered six of whom three were resident outside the County and were supervised by other authorities as agents of the County Council. All cases are visited by both medical and lay staff as required.

The number of severely subnormal persons under supervision at the end of the year was 779. Patients continue to be reviewed and whenever the circumstances permit are deleted from the supervision list. During 1962, 13 such cases were deleted from the list whilst seven patients died.

Training

At the end of 1962, 225 severely subnormal patients were receiving training. The majority of these patients are under the age of 16. Nineteen Worcester City cases continue to attend at the Worcester junior training centre.

Children at all the training centres have been given outings to pantomimes by their respective welfare committees whilst services and christmas parties were also held at the Centres. The new craft room shortly to be completed at the Netherend training centre will enable additional patients to be taken there.

Increased use has been made of transport other than by ambulance during the year, i.e. small coaches, taxis, and private arrangements with parents.

National Assistance Act, 1948

Welfare Services

Report by Mr. R. A. McDonald, County Welfare Officer

Residential Accommodation

The most important event taking place during the year was undoubtedly the completion at Halesowen of the first purpose-built home to be provided by the County Council and which was officially opened by the Rt. Hon. Enoch Powell, M.B.E., M.P., Minister of Health, on the 13th September, 1962. This home, known as Shenstone, accommodates 67 old persons of both sexes. There are 35 single rooms and 16 double rooms with a sick bay for 2 persons and 5 lounges. The first and second floors are served by a lift. This accommodation not only made it possible to admit direct from their own homes in the district persons who were on the waiting list, but enabled about 30 old people, previously residing in or near Halesowen, and who had to be accommodated in other county homes, to return to the area.

The extensions at Holmwood, Kidderminster, were also completed during the summer. The residents in the main building, however, had to be transferred to the extension whilst central heating was being installed throughout the building. The completion of this work was to be followed by redecoration of the whole building and as this latter work had not been started by the end of the year, it appears that the enlarged home will not be ready for full occupation by 63 residents much before the Spring of 1963.

It is disappointing to report that the scheme for the modernisation of the old infirmary wing at Heathlands, Pershore (122 beds), which was started fairly early in 1961, was still not completed by the end of 1962. Progress on this scheme has been extremely slow despite pressure being brought on the contractors, and in view of the prolonged delay I would not venture any opinion on the date the building is likely to be available for occupation again.

Other schemes started fairly early in 1961, referred to in the third paragraph of my report for that year, were completed during 1962.

The conversion of part of Three Springs Hostel, Pershore, to provide ground-floor accommodation for 16 old men was completed towards the end of the year, but as the re-surfacing of the driveways was held up by the spell of very severe weather which started in December, it was deemed inadvisable to make use of the accommodation pending the driveways being put into a satisfactory and safe condition.

The Minister of Health on the occasion of the opening of Shenstone, Halesowen, previously mentioned, took the opportunity to state that the vast majority of places in old public assistance institutions, formerly old workhouses, represented accommodation which was or ought to be quite unacceptable by contemporary standards. The Ministry would not be content unless they could see the end of all the workhouses in a decade reprieving only such as could be made to give service fully on a level with modern standards and ideas.

The old public assistance institutions directly controlled by the County Council are Laburnum House, Upton-upon-Severn, and Heathlands, Pershore. A great deal has been done over the last few years to bring these homes up to modern standards as much as possible and the efforts made have been commended from time to time by visiting officers of the Ministry of Health. In fact, at the instance of the Ministry, some representatives of another local authority visited Laburnum House to see how this old institution had been improved to bring the accommodation more up to acceptable standards.

With work already done and schemes in progress to improve still further the accommodation, these homes serve a very useful purpose and give valuable accommodation, particularly for the types of cases needing

a greater degree of attention and which are very difficult to fit into a smaller home, e.g. the very senile, border-line chronic sick and the anti-social cases etc. I am convinced of the advisability of retaining these old institutions on practical and economical grounds for some years yet, but there is no doubt that as a long term policy they will have to be replaced, and this would involve the provision of a further five or six small purpose built homes.

In the meantime, however, there is no reason why certain parts of both homes which were adapted at the minimum of expense some years ago when there was an acute shortage of beds and which are now considered to be sub-standard type accommodation should not be closed down as opportunity permits now that additional accommodation has been provided elsewhere in the county. Apart from other factors, the effect of this would make these two old homes more compact in units and could be regarded as the start of a gradual run-down in the number of beds as more modern accommodation is provided elsewhere.

The County Council, of course, also have accommodation for old people reserved for their use in other ex-public assistance institutions which are under the control of the Regional Hospital Board, namely, Bromsgrove General Hospital, Avonside Hospital, Evesham, and Blakebrook Hospital, Kidderminster. As regards Blakebrook Hospital in particular, the Board, as mentioned in my report for 1961, wish the County Council to vacate their accommodation wholly as soon as possible. The completion of the new home at Shenstone enabled the first step to be taken in a reduction of this accommodation from 101 to 80 beds.

The Minister of Health in Circular 2/62 called for local authorities to prepare plans for the development of their services over the next 10 years broken into two periods of five years and to review them annually. The plan for the development of residential accommodation was prepared bearing in mind the necessity to increase the overall beddage in view of the demand from the larger group of the aged population and also to the policy of the County Council to give up when possible the beds reserved for their use in the establishments managed by the Regional Hospital Board. At the same time, with the emphasis being on old people remaining in their own homes for as long as possible it was thought that with the many domiciliary services for the aged, e.g. meals on wheels, welfare provision in special housing for old people, visiting, home help service, social clubs etc. which were gradually developing or being introduced might result in the demand for residential accommodation being less than it would be otherwise. Therefore it was considered advisable to prepare the programme on conservative lines.

A new purpose built home at Evesham had already been approved in principle in 1962/63 and the suggested programme provided for a further 5 purpose built homes of 40 beds each by the end of 1969. Each new project would have to be submitted separately for approval by the County Council, however, and subject to this programme being carried out it is visualised that the whole of the accommodation at present used by the County Council in the three Regional Hospital Board establishments would be entirely vacated by 1970.

Application for the Provision of Residential Accommodation

Statements are appended showing in respect of the year ended 31st December, 1962:-

- (1) the number and age groups of persons admitted to residential accommodation.
- (2) the number of persons not admitted and the reasons therefor
- (3) the number of applications for the provision of temporary accommodation and how dealt with, and
- (4) an analysis of applications by districts.

The statistics shown in the statements are self explanatory and call for little comment. The number of applications dealt with remained at a high level and was about 80% more than the number dealt with during the first twelve months after the coming into force on the 5th July, 1948 of the National Assistance Act 1948.

It will be seen that by far the greater number of applicants for admission were in the age groups 76 plus. I have referred in previous reports to the tendency for the age level of applicants to increase and this is due to the development of the domiciliary services, statutory and voluntary, the schemes run in conjunction with housing authorities for providing warden's to supervise old people in special houses or flatlets for old people and generally to the efforts made to enable old people to preserve their independence by remaining in their own homes as long as possible without detriment to their well-being.

There was a welcome further drop in the number of homeless families applying for temporary accommodation during 1962 as compared with 1961 and as a result of the efforts made to help families to obtain alternative accommodation it was only found necessary to admit 11 family units in 1962 as against 20 in 1961. At the end of the year there were 4 families in Three Springs Hostel comprising 4 women and 15 children.

Welfare of Residents

Unfortunately, there was a considerable amount of sickness amongst the residents at the majority of the County homes during January due to influenza, bronchitis and pneumonia. The position was aggravated by sickness amongst the staff. At the peak period there were 125 residents of the homes confined to bed and to cope with the extra work it was necessary to engage relief staff temporarily and valuable assistance was also rendered by members of the Red Cross and the St. John Ambulance Brigade. The position had eased by the end of January but there were still 43 residents confined to bed at that time.

As regards the social welfare of the residents a considerable degree of interest has been shown by various persons and organisations by providing them with regular car rides, other outings, parties and varied types of entertainment, gifts particularly at Christmas, etc. It is pleasing to record that persons and organisations locally already have shown a great deal of interest in the residents of the new home at Halesowen.

In addition to outings mentioned above, others were arranged as usual at the County Council's expense for those residents fit enough to go on them and they also went on excursions paid for out of their own Comforts Funds.

Some residents saved up for a week's holiday at the seaside, and parties went in May to either Bournemouth or Southsea, being accommodated in hotels offering reduced rates for old people.

Quite a number of residents took the opportunity to have short holidays with relatives or friends.

Generally everything continued to be done for the comfort and well-being of the residents and I acknowledge the ready co-operation given by the Wardens and Matrons in helping to provide as many interests in the lives of the residents as possible. What one would like to see is more interest taken by a number of the residents in doing things themselves even though it might be some simple forms of handicraft only. It should be realised, however, that one result of the work done to enable old people to remain in their own homes as long as possible is that if and when they are eventually admitted to a home they require a good deal of care and attention and have reached an age when they cannot be bothered with doing very much but nevertheless even small interests are conducive to the health and well-being of old people.

Special Housing for Elderly People - Warden's Schemes.

Further progress was made during the year with regard to the provision of warden's schemes for old people's dwellings and at the end of the year the total number of such schemes operating in the county was 23. One further scheme was nearing completion at the end of the year and preliminary discussions took place regarding 11 other suggested schemes which might possibly be started in 1963.

These figures indicate the extent of the co-operation given by housing authorities. I am particularly pleased with the development of this service as with the provision of someone to exercise a degree of supervision over the old people it enables them to remain in their own homes and preserves their independence for a longer period than would otherwise be the case.

The installation of a flashing light warning system in the windows of dwellings occupied by old people, and which do not come under a warden's scheme, referred to in my previous report, has been greatly welcomed by the old people concerned. This service gives them a sense of security should they need help at any time, but of course, its success depends a great deal on the co-operation of the general public. There is every indication that this service will develop.

Clubs for Elderly People.

The County is well served in the way of clubs for old persons, there being 78 of one type or another known to be in existence. These comprise 61 Darby and Joan Clubs and 4 All-Day Clubs run by the W.V.S., 4 clubs and 1 All-Day Club run by the B.R.C.S. and 8 clubs run by other voluntary organisations. Those clubs which are not self supporting are assisted by the County Council to meet their running expenses on a basis of contribution laid down some years ago. The running of these clubs calls for a great deal of effort, time and public spirit on the part of the members of the voluntary organisations concerned which is not generally known and the part they play is worthy of the highest praise.

Meals on Wheels and Meals in Clubs.

There is little need to emphasize the benefits, directly and indirectly resulting from the Meals on Wheels Service run by the W.V.S. in the County the developments of which Service is encouraged by the County Council.

The Service was extended to the Pershore Area and some parishes in the Upton-upon-Severn Rural District during the year and discussions took place about providing meals for old people in several other areas. One of the difficulties facing the W.V.S. is that of finding a suitable centre for providing the meals and to help them the Welfare Sub-Committee agreed to meals being provided from county homes for old people where it was practicable and convenient to arrange. At the end of the year, subject to other details being settled, it was proposed to provide meals from the Heriotts for old people in Droitwich.

During 1959 the County Council decided to contribute towards the cost of this service on a formula agreed with the voluntary organisations which it was hoped would encourage future development whilst leaving room for help from other sources to preserve the spirit of voluntary service. It was felt that however strong the spirit of voluntary service may be the extent of a service like Meals on Wheels is inevitably restricted by financial consideration.

The extent to which giving financial assistance on a more realistic basis than before has encouraged the W.V.S. to develop the service can be gauged from the fact that during 1962 no less than 39,587 meals were provided compared with 23,782 during 1960. In 1957 approximately 5,460 meals were supplied.

It should be mentioned that the W.V.S. also receive assistance in varying degrees from the councils of the district in which a Meals on Wheels Service is operating.

Another most useful and practical service is the provision of mid-day meals at Day Clubs for old people run by the W.V.S. which is also financially assisted by the County Council. This service is also developing, there being about 24,000 meals provided during 1962 as compared with about 19,000 during 1961. In supplementation of this service the W.V.S. are arranging for mid-day meals to be supplied from luncheon clubs run by them in areas where there was a demand and where suitable premises could be secured.

Registration and inspection of Disabled Persons and Old Persons Homes

During the year one private home for old people closed down and the proprietors of two new homes were registered under Section 37 of the National Assistance Act 1948. At the end of the year there were 21 registered homes run by voluntary organisations or private persons providing accommodation for 286 old and/or disabled persons.

Accommodation for 38 old people was also provided in two homes in the county by the British Red Cross Society but these homes are not subject to registration by the County Council.

The homes registered by the County Council continued to be inspected with a view to ensuring that a reasonable standard of accommodation was maintained, and where considered necessary the notice of the proprietors was drawn to any matters needing attention in the interests of the residents.

Welfare of the Blind

(1) General

At the 31st December 1962 there were 745 registered blind persons (307 males and 438 females) in the county including Oldbury as compared with 759 (326 males and 433 females) at the end of 1961. Included in the figure of 745 are 71 Oldbury persons.

It is interesting to note that an analysis of the statistical return required by the Ministry of Health reveals that out of a total of 754 persons no less than 554 (193 males, 361 females) are in the age groups 60 plus, whilst 445 (145 males, 300 females) are in the age groups 70 plus. The females predominate in each of the age groups 65 plus and this is more so in the older age groups.

The number of blind persons employed at the end of 1962, namely 76, was 2 more than at the end of 1961. There were 15 in sheltered workshops for the blind, 20 in the homeworkers scheme and 41 in open employment. Five persons were receiving training for either sheltered or open employment.

There were 99 (57 males and 42 females) registered partially sighted persons at the end of 1962 as compared with 103 (59 males and 44 females) at the 31st December 1961. Included in the figure of 99 are 12 Oldbury persons.

The figures for Oldbury are mentioned specifically because the welfare of blind persons, as well as other classes of handicapped persons, is dealt with by the Borough Council under a delegation scheme.

The excellent service given by the Worcestershire Association for the Blind through their several branch Committees in previous years was continued throughout the year under review when much good work was done in meeting the social needs of the blind. The members of the voluntary organisations are

to be congratulated on the results achieved by their efforts. This work, together with the administrative, home teaching and visiting services provided by the County Council combine to give a comprehensive service to blind persons.

(2) Registration of Blind Persons

Incidence of Blindness

During 1962, the number of Forms B.D.8. completed in respect of persons over school age (excluding Oldbury) was 120. Of these 94 were certified blind, 13 partially sighted, and 13 not blind nor partially sighted. The examinations were carried out by 16 ophthalmologists and in 29 cases domiciliary visits were made. There were 5 re-examinations.

A Follow-up of Registered Blind and Partially Sighted Persons:

	Cause of Disability					
	Cataract		Glaucoma		Others	
	Blind	P/S	Blind	P/S	Blind	P/S
(i) Number of cases registered during year in respect of which para. 7(c) of Forms B.D.8. recommend						
(a) No treatment	13	-	6	-	52	9
(b) Surgical	14	2	-	-	2	-
Medical	-	1	1	-	4	1
Optical	-	-	-	-	2	-
(ii) Number of cases at (i) (b) above which on follow up action have received treatment	3	1	1	-	6	1

Other General Classes of Handicapped Persons including the Deaf

At the 31st December, 1962 there were 882 persons in the county registered as handicapped persons (excluding blind, partially sighted and deaf and hard of hearing persons) including 104 handicapped persons living in the area of Oldbury Borough Council which has delegated functions for the welfare of such persons. At the end of 1961 the comparable figures were 759 including 107 Oldbury persons.

The B.R.C.S. and the W.V.S. continued their good work in running social clubs for the handicapped persons and arranging outings, parties etc. for their members. Five clubs are run by the B.R.C.S. and three by the W.V.S.

It has been usual in previous years for these voluntary organisations to arrange summer holidays for small parties of handicapped persons at various widely scattered camps and hotels. Following a suggestion which they welcomed that they should combine so that a party might be raised large enough to justify part of a holiday camp being taken, 200 places were

reserved for handicapped persons and their helpers at Pontin's Holiday Camp, Sand Bay, Weston-Super-Mare, for a week in May. Co-ordination of the arrangements on behalf of the voluntary organisations concerned were dealt with by the Welfare Staff and as members of the Birmingham Fellowship of the Handicapped were attending at the Camp during the same week discussions took place to ensure the utmost co-operation between the two parties.

This joint venture was an unqualified success and in the circumstances it was decided to extend the arrangements by booking 420 places in 1963 for Worcestershire handicapped persons and their helpers at the British Holiday Estates Limited Holiday Camp at Prestatyn and to include blind persons in the party as requested by the Worcestershire Association for the Blind.

In general, everything continued to be done to meet the needs of handicapped persons in their own homes and to overcome the effects of their disabilities. Where necessary, in addition to handicraft instruction at the clubs, arrangements were made for craft instruction to be given to handicapped persons in their own homes and if so desired handicapped persons were admitted with the approval of their doctors to homes catering for their special disabilities.

There is obviously a need for centres in the county where handicapped persons can meet more regularly and engage in activities of a social and occupational nature, and it is hoped to report progress in that direction in the not too distant future.

The service given by the Worcestershire and Herefordshire Association for Work Amongst the Deaf on behalf of the County Council continued throughout the year on similar lines to those mentioned in previous reports. The Rev. L. Crellin, Chaplain Welfare Officer and Mrs. E.A. Crellin, Lady Worker and Lip-Reading Teacher gave the fullest co-operation in meeting the needs socially and otherwise of deaf and hard of hearing persons.

At the 31st December, 1962, there were 174 deaf including 18 Oldbury persons and 852 hard of hearing including 15 Oldbury persons registered in the county.

In conclusion, I would like to acknowledge with thanks the support and advice given throughout the year by the Chairman of the Health Committee, the Chairman of the Welfare Sub-Committee and the Chairman and Members of the several Visiting Committees of the Council's Homes for Old People.

I have previously referred to the excellent manner in which the voluntary organisations have carried out the many services now provided for old people and blind and other handicapped persons, and it is true to say that they have made a most significant contribution to the well-being of those sections of the community whom they are called upon to assist in particular ways.

I appreciate the support given throughout the year by my staff at head office, in the districts and at the county homes for old people.

Applications for Provision of Residential Accommodation during the year ended 31st December 1962

(1) Persons admitted to residential accommodation	Age Groups								Total
	Under 60	60-69	70-75	76-80	81-85	86-90	91-95	Over 95	
1. Aged and/or infirm - living alone who in the opinion of their doctor were in need of more care and attention than was or could be made available to them in their homes.	-	11	23	30	43	25	2	-	134 (114)
2. Aged and/or infirm - living with friends or relatives unable to continue to care for them.	2	7	30	31	27	19	4	-	120 (106)
3. Aged and/or homeless (includes persons in hospital who were admitted after the possibility of them returning to their previous residence had been explored, and persons of "no fixed abode").	2	17	21	15	17	2	2	-	76 (79)
4. Physically handicapped (non-aged)	11	-	-	-	-	-	-	-	11 (9)
5. Mentally handicapped (non-aged)	7	-	-	-	-	-	-	-	7 (5)
6. Short stay cases temporarily unable to remain with friends or relatives because of illness or holidays.	4	2	4	9	14	14	2	1	50 (42)
TOTALS	26	37	78	85	101	60	10	1	398 (355)

Included in the above table were 23(13) persons who were admitted direct from mental hospitals.

Re-admissions and transfers - In addition to the above 78(55) persons were re-admitted to residential accommodation from hospital and 119(44) persons were transferred from one home to another in order to be nearer friends or relatives or to provide accommodation more suited to their needs.

Applications for the Provision of Temporary Accommodation during the year ended 31st December, 1962

(3) Reason for Application	Number of Family Units		
	Admitted	Not Admitted	Total Applications
1. Evicted owing to rent arrears from council houses	1 (2)	3 (1)	4 (3)
2. " " " private houses	1 (3)	2 (3)	3 (6)
3. Evicted on grounds of nuisance from council houses	- (-)	- (-)	- (-)
4. " " " private houses	- (-)	- (-)	- (-)
5. Evicted from service tenancy after dismissal from employment	- (2)	6 (8)	6 (10)
6. " " " resignation " "	- (1)	2 (4)	2 (5)
7. Evicted from service tenancy because employee unable to continue service due to incapacity.	- (-)	- (-)	- (-)
8. Evicted from furnished rooms	- (1)	1 (6)	1 (7)
9. Evicted by relatives/friends	1 (7)	3 (7)	4 (14)
10. Evicted by reason of unauthorised sub-tenancy	3 (1)	1 (1)	4 (2)
11. Homeless (accommodated overnight and left before proper investigation could be made)	- (-)	1 (2)	1 (2)
12. Fire, flood or other emergency.	- (-)	- (3)	- (3)
13. Advice only required	- (-)	30 (25)	30 (25)
14. Others	5 (3)	10 (13)	15 (16)
	11 (20)	59 (73)	70 (93)

(The analysis for 1961 is shown in brackets)

The 11 families accommodated comprised 2 men, 9 women and 32 children compared with 20 families consisting of 19 women and 42 children during the year ended 31st December, 1961.

Applications during the year were received from 59 family units comprising 46 men, 54 women and 152 children for the provision of temporary accommodation but were not admitted, compared with 73 family units comprising 49 men, 72 women and 140 children during the year ended 31st December, 1961.

Analysis of Applications by Districts for 1962

District	Residential Accommodation			Temporary Accommodation		
	Admitted	Not Admitted	Total	Admitted	Not Admitted	Total
Bewdley Borough	4 (3)	4 (2)	8 (5)	- (-)	1 (-)	1 (-)
Bromsgrove Urban	19 (22)	16 (17)	35 (39)	- (4)	4 (10)	4 (14)
Bromsgrove Rural	22 (22)	17 (22)	39 (44)	5 (-)	8 (6)	13 (6)
Droitwich Borough	9 (12)	13 (10)	22 (22)	- (1)	- (2)	- (3)
Droitwich Rural	13 (7)	18 (20)	31 (27)	2 (1)	2 (3)	4 (4)
Evesham Borough	16 (16)	19 (18)	35 (34)	- (-)	1 (1)	1 (1)
Evesham Rural	12 (15)	10 (20)	22 (35)	- (-)	6 (5)	6 (5)
Halesowen Borough	34 (18)	16 (13)	50 (31)	- (-)	- (-)	- (-)
Kidderminster Borough	52 (42)	18 (35)	70 (77)	- (-)	3 (3)	3 (3)
Kidderminster Rural	4 (5)	3 (5)	5 (10)	- (5)	- (3)	- (8)
Malvern Urban	44 (44)	58 (74)	102 (118)	- (2)	4 (2)	4 (4)
Marlley Rural	12 (14)	19 (26)	31 (40)	1 (-)	6 (9)	7 (9)
Oldbury Borough	21 (23)	12 (19)	33 (42)	- (-)	- (4)	- (4)
Pershore Rural	16 (15)	21 (21)	37 (36)	- (-)	3 (4)	3 (4)
Redditch Urban	28 (19)	43 (28)	71 (47)	1 (-)	11 (12)	12 (12)
Stourbridge Borough	39 (21)	16 (23)	55 (44)	- (1)	- (-)	- (1)
Stourport Urban	4 (6)	3 (4)	7 (10)	- (4)	- (2)	- (6)
Tenbury Rural	5 (4)	4 (10)	13 (14)	- (-)	- (-)	- (-)
Upton upon Severn Rural	13 (24)	15 (25)	28 (49)	1 (-)	4 (2)	5 (2)
Districts not in County	16 (12)	19 (28)	35 (40)	- (-)	3 (2)	3 (2)
No fixed abode	11 (11)	12 (13)	23 (24)	1 (2)	3 (2)	4 (4)
	398 (355)	356 (433)	754 (788)	11 (20)	59 (73)	70 (93)

Figures for 1961 are shown in brackets.

Milk and Dairies Administration

by R. W. T. Owen, M.R.S.H., M. Inst.S.P., F.A.P.H.I.

County Public Health Inspector

Milk (Special Designation) Regulations 1960

There were no major changes in the administration during the year under the above Regulations. Fifty-three new licences were issued, mainly to shopkeepers who had been retailing a small amount of milk without being aware that a licence was required. It is the practice to take no action regarding these infringements of the Regulations beyond arranging for a licence to be issued.

Though there was an increase in the number of methylene blue failures (test for keeping quality) on the previous years - from one to five failures, the position is still very satisfactory. This is particularly so when it is realised that the new statutory test (clot on boiling test), which the milk at the farm has to pass, does not appear to set so high a standard as the methylene blue test which was formerly in force at the farm. Perhaps the new laboratory facilities which the retailing dairies have had to inaugurate during the year enabled them to insist on a high standard of cleanliness in the milk as it reached them. This is a change in principle and appears to indicate a switch from control by the Ministry to control by the trade, at least on the production side.

Four of the five methylene blue samples which failed were taken from schools. Here one cannot be sure that the milk has been kept under reasonably cool conditions prior to sampling.

It has proved surprising that only one sample taken from a vending machine failed to pass the methylene blue test. It speaks highly of the refrigeration in the machines, for, on occasions, milk in the machines may be five or six days old before being purchased. It would assist in the control of these machines if a key were on hand with a nearby shop-keeper so that the machines may be opened and examined by the local authority inspector. It is suggested also that the legislation should be enacted to require the name and address of the person selling milk to be displayed on the outside of the cabinet, together with the designations of the milk on sale.

Milk from these machines, particularly when on the roadside, have a wide sale to the public of even a small amount of milk. A large number of people may therefore be at risk. Every effort is made to sample them frequently, particularly when the milk on sale is unpasteurised.

The four phosphatase failures actually represent but one failure in respect of county dairies. Three of the failures were from school milk samples taken on one day, the fourth was from a dairy in Warwickshire. The position, therefore, regarding pasteurisation of milk remains very satisfactory.

The number of samples taken (671) is a reduction of approximately a hundred on that of the previous year. This may be accounted for by the Milk Sampling Officer, Mr. G. T. Brooke, having been away on sick leave from the end of July. Mr. Brooke in fact did not recover from his illness and died in March 1963. His work had taken him out in all weather and conditions since 1938. His monument may be that but for his work there are many people who would have otherwise contacted disease through consuming infected milk.

Pasteurised Milk

Place of Collection		No. taken	Phosphatase Test		Methylene Blue Test		
			Pass	Fail	Pass	Fail	Void
Schools	A	14	14	-	14	-	-
	B	134	131	3	130	4	-
	C	148	145	3	144	4	-
Children's Homes	A	2	2	-	2	-	-
	B	12	12	-	12	-	-
	C	14	14	-	14	-	-
Old Peoples Homes	A	-	-	-	-	-	-
	B	5	5	-	5	-	-
	C	5	5	-	5	-	-
Hospitals	A	-	-	-	-	-	-
	B	24	24	-	20	-	4
	C	24	24	-	20	-	4
Dairies	A	310	310	-	291	-	19
	B	-	-	-	-	-	-
	C	310	310	-	291	-	19
Vending Machines, Shops & Roundsmen	A	2	2	-	2	-	-
	B	220	219	1	195	1	24
	C	222	221	1	197	1	24
Totals	A	3 8	328	-	309	-	19
	B	395	391	4	362	5	28
	C	723	719	4	671	5	47

- A. Milk processed at plants licensed by Worcestershire County Council and delivered direct to the consumer by the licence holders.
- B. Milk processed at plants licenced by Worcestershire County Council, but delivered to consumers by distributors (also includes milk processed at plants licenced by other Authorities.)
- C. Total samples.

Milk in Schools Scheme

The following table shows the grade of milk supplied to schools under this scheme (excluding Oldbury) from the 1st June, 1962. New two-year contracts came into force on that date. Previous to 1st June there had been seven schools being supplied with raw milk.

Grade	No. of Schools Supplied	
	L.E.A.	Private
Pasteurised	287	57
T.T.	1	1

Sixteen samples of raw tuberculin tested milk were taken at the schools and submitted for examination for the presence of tuberculosis and brucella abortus. All sixteen samples were negative.

A census taken in 1962 showed that 48,801 children were taking milk out of 60,275 present on the day of the census. This is 81.0% compared with 81.4% the previous year.

The number of pupils taking school milk at the 58 private schools was 6,689 out of 7,101, or 94.2%.

Myco Tuberculosis

The following table shows the number of samples taken and examined biologically for the presence of myco tuberculosis during the last five years:-

<u>Year</u>	<u>No. of samples collected</u>	<u>No. Negative</u>	<u>No. Positive</u>	<u>Test Void</u>
1958	481	477	4	-
1959	499	492	-	7
1960	347	340	-	7
1961	313	312	-	1
1962	169	169	-	-

Brucellosis

Only one positive sample was reported by the Public Health Laboratory, Worcester, on the 169 samples submitted or 0.59% compared with 2.2% last year. Perhaps this reduction is a reflection of the increased interest of the Ministry of Agriculture, Fisheries and Food in their free vaccination service which commenced during the year.

It is more probable, however, that there will be a resurgence in the numbers showing infection during 1963. More wide spread sampling than was practicable during 1962 may bring to light more infected herds. Even with free vaccination there is little hope of this disease being eliminated whilst farmers are free to sell infected animals on the open market and the disease, neither in animals nor humans is notifiable.

Rickettsia Burneti

For the third year, during which examination for "Q" fever or Rickettsia Burneti has been undertaken, the percentage of infected samples shows a reduction from 14.2% to 7.7% last year to 2.8% in 1962. This is gratifying, but whether or not it is a true picture, remains to be seen. So little is known of the disease, that it is difficult to be positive.

As with brucellosis, which disease it resembles, notification of cases is not compulsory. No cases amongst human beings have been reported in the County. Infection could be by contact or by drinking infected milk. With this degree of infection in the herds it is logical to suppose that some cases of infection should have occurred amongst the population, especially in those areas where the sampling returns show the disease to be most prevalent.

Hospital Farms

Samples of milk are taken for bacteriological and biological examination on behalf of the Ministry of Health.

Dairy Farms

The number of dairy farms in the County registered by the Ministry of Agriculture, Fisheries and Food was 1,029 on December 31st, 1962. This total was again a reduction on the previous years, which had been 1,140.

The number of farms for which a tuberculin tested licence was in force decreased also, probably for the first time, from 1,023 to 980. This represents a percentage of 95.24%. At least 95% of the milk sold at the

farm was from tuberculin tested herds and the remainder from attested herds.

Cleanliness of milk bottles used in all dairies where licences had been issued by the County Council.

Total	Sterile	No. of colonies developing on Agar at 37°C. in two days.					Bacillus Coli present
		Less than 100	100- 600	600- 2000	Over 2000		
245	49	157	30	2	7	-	

0 - 600	Colonies	Satisfactory
600 - 2000	"	Fairly Satisfactory
Over 2000	"	Unsatisfactory

Water Supplies, Sewerage and Sewage Disposal Schemes

Water Supplies:

North West Worcestershire Water Board

The Board came into operation on the 1st August, 1962. Col. W. R. Prescott, a member of the Public Health Sub-Committee of the County Council has been appointed the County Council's representative on the Board.

The Board may soon be faced with difficulties with regard to obtaining new sources of supply. Their present sources, except for small quantities purchased in bulk from other undertakers, are derived from the bunter sandstone, which many think is about reaching the limit of its available resources. Increases in the population of the Board's area are forecast by the Planning Authority and it would seem that the Board will have to look to the river severn for future supplies, but at the time of writing their application to become participants in the Clywedog Reservoir Joint Authority is not making any progress.

Worcester, Malvern, Pershore and Upton-on-Severn Rural District

It would seem that informal discussions on the formation of a water board for this area have gone as far as they can, leaving several matters still unresolved, which may have to be settled formally.

General

No major schemes were carried out during the year but several extensions of water mains took place.

The water bearing formations in the north of the County continue to be increasingly exploited, and many who are competent to judge, think that the time has come when no further abstractions should be allowed. The Cookley pumping station of the South Staffordshire Waterworks Company came into use early in the year with its permissible abstraction of three million gallons per day. The Bellington pumping station of the East Worcestershire Waterworks Company is now being sunk for which the authorised abstraction is two million gallons per day. An exploratory boring by the same Company is now taking place just beyond the southern border of Bromsgrove Urban District at Sugarbrook. One wonders what water, if any, could now be pumped from the two sites suggested in the Pollock Report (Water Supply Survey, West Midlands) at Wilden, near Stourport, and at Norton, near Stourbridge.

The major water undertakers have therefore turned their attention to the river severn. The flow of 160 million gallons a day put forward by the County Council below which no abstraction of water should be permitted from the river, was accepted by the Ministry of Housing and Local Government. The outcome was that the numerous authorities interested in river severn water led to the Clywedog Reservoir Joint Authority Bill, a private bill designed to constitute an authority for the purpose of constructing a regulating reservoir in Montgomeryshire to regulate the flow of water in the severn, though unfortunately as previously mentioned, the recently formed North West Worcestershire Water Board, were not accepted as members.

The Eymore site, selected by Birmingham Waterworks Committee for their storage reservoir at Eymore, near Arley, having been rejected, the Corporation are proceeding with the alternative site at Huntsfield Farm.

Fluoridation of Water Supplies

Towards the end of the year the Ministry of Health issued a circular stating that the Minister "was now ready to approve under Section 28 of the National Health Service Act 1946, the making of arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally".

The water supplies of Worcestershire are all deficient in fluoride, the maximum being 0.27 parts per million, and the minimum 0.02. The level of fluoride regarded as satisfactory is one part per million.

The matter is being "actively" discussed at the time of writing the report.

Water Act 1945, Section 14(6)

Notifications were received during the year that licences had been issued to the following to sink boreholes in an area controlled by a water conservation order :-

Pedmore Hall, Stourbridge.
Callows Farm, Elmley Lovett.

Water, Sewerage and Sewage Disposal Schemes.

The County Council, in 1960, approved a scheme for granting financial assistance under Section 56 of the Local Government Act 1958, in respect of sewerage and sewage disposal schemes to include, Borough and Urban District Councils. In calculating the amount of grant to be paid to any particular district council, the cost of any scheme, or part thereof, not approved by the Health Committee, is to be omitted.

The following schemes have been submitted to the County Council during the year under the above scheme, and under the Rural Water Supplies and Sewerage Acts, all of which have been considered by the Health Committee.

<u>District</u>	<u>Name of Scheme</u>	<u>Estimated Cost</u> £.	<u>Observations</u>
Bromsgrove U.D.	Reconstruction of Fringe Green Sewage disposal works	350,000	Recommended for assistance subject to charge being made in all cases for treatment of trade waste.
Evesham B.	Relief sewer at Waterside.	2,500	Recommended for acceptance under scheme.

<u>District</u>	<u>Name of Scheme</u>	<u>Estimated Cost</u> £	<u>Observations</u>
Malvern U.D.	Shuttlefast	34,254	Scheme recommended for acceptance.
"	Modernisation of Barnards Green Sewage Disposal Works.	309,000	To await investigation by Ministry of Housing and Local Government.
Redditch U.D.	Small extension of water main at Wadbury Hill.	280	Scheme accepted.
Bromsgrove R.D.	Additional water mains Parish of Dodford.	1,065	Accepted.
"	Sewage scheme for Holt End Village.	35,200	Accepted subject to review on any change in planning policy which might effect scheme.
Droitwich R.D.	Sewage scheme for Tibberton.	29,100	To await planning proposals for village.
"	Water supply scheme for Oddingley.	1,360	Observations given in support.
Evesham R.D.	Revised scheme for sewerage and sewage disposal for Abbots Morton.	13,500	No further comments. To await Ministry investigation.
Pershore R.D.	Construction of water main in Town of Pershore.	33,000	Observations given in support.
Tenbury R.D.	Extensions and improvements to Tenbury Wells water supply.	46,000	To await Ministry investigation.
Upton-on-Severn R.D.	Extensions of water mains to Dunstall.	2,947	Observations given in support.

Two other schemes have been under consideration. The construction of the new road at Clent will necessitate making other arrangements for the disposal of the sewage for the area. The Committee have given their observations in support of the scheme estimated to cost £11,000 to convey the sewage of the area to the new disposal works at West Hagley. It is hoped that the major proportion of the cost will be borne by the Ministry of Transport.

The second scheme, not submitted formally, is for the Strensham Service area on the Bristol - Birmingham motorway, to replace the temporary disposal works about which several complaints had been received.

An interesting position arose at Inkberrow where a sewerage scheme was being constructed. In view of the development which had taken place in the village within recent months and the number of applications to build, which had been refused only because they were premature on sewerage grounds, the Rural District Council came to the conclusion that the disposal works as designed, were likely to be operating to capacity within two to three years of completion. They are therefore being enlarged. The site had previously been removed farther from the village than originally planned because of development.

Whilst awaiting discussions on planning, it is difficult to advise on the suitability or otherwise of proposals for new sewage disposal units.

Sewerage and Sewage Disposal

This is likely to be a very costly provision in the not too distant future. Not only are populations growing, but with the higher standards of hygiene and sanitation more and more water is being used which imposes growing strains on both sewers and sewage disposal works, some of which have remained more or less as they were designed years ago: particularly this is so in the case of the sewerage systems. Schemes submitted from two urban districts alone amount to something like £700,000.

The powers of the River Boards have recently been extended by the Rivers (Prevention of Pollution) Act 1961, whilst the Water Resources Bill seems to suggest the setting up of river authorities to replace the existing River Boards, with greatly extended powers, with a new supervisory body over the river authorities to be known as the Water Resources Board. These river authorities will appear to be responsible for the control, allocation and use of all water supplies, whether taken directly for water courses or derived from under-ground sources.

Housing:

The following table shows the number of new houses built in each area of the County during the past seventeen years (1st April, 1945 to 31st December, 1962). For purposes of comparison between the different authorities the number of homes has also been expressed as the number per 1,000 of the population.

District	Population mid 1962	By Local Authorities		By Private Builders		By Housing Associations	Houses completed per 1,000 population	All sources
		Under Construction	Completed Since 1st April 1945	Under Con- struction	Completed since 1st April	Completed since 1st April, 1945.		
<u>Boroughs:</u>								
Bewdley	5,140	-	336	42	132	-	65.4	91.0
Droitwich	8,100	-	481	66	484	22	59.4	121.9
Wycham	12,600	9	723	56	501	-	57.4	97.1
Halesowen	44,510	362	2,089	222	2,423	50	46.9	102.5
Kidderminster	42,470	4	2,424	140	1,720	-	57.1	97.6
Oldbury	54,420	322	2,318	48	974	-	42.6	60.5
Stourbridge	44,010	19	2,509	217	2,128	36	57.0	106.2
<u>Urban Districts:</u>								
Bromsgrove	35,300	45	1,754	342	2,148	100	49.7	113.4
Malvern	27,040	50	1,437	78	1,028	4	53.1	91.3
Redditch	34,700	191	2,300	141	1,935	-	66.1	121.8
Stourport-on-Severn	12,230	-	956	112	771	-	78.2	141.2
<u>Rural Districts:</u>								
Bromsgrove	36,040	96	745	299	2,893	22	20.7	101.6
Droitwich	14,200	17	477	31	444	-	33.6	64.9
Wycham	17,610	31	785	118	640	-	44.6	80.9
Kidderminster	11,990	34	815	13	452	-	67.9	105.7
Marbley	12,000	24	318	48	555	-	26.3	72.3
Pershore	18,230	16	1,060	102	758	-	58.1	99.7
Tenbury	5,330	6	143	7	78	-	26.8	41.5
Upton-on-Severn	14,320	24	520	34	442	-	36.3	67.2

SPECIAL ARTICLESMOKING AND HEALTH

A report on the action taken in Worcestershire with a consideration of the results obtained to 30th June, 1963.

Early in 1962 a report by the Royal College of Physicians of London on Smoking in relation to Cancer in the Lung and Other Diseases was published and this was followed by a joint circular by the Ministers of Health and Education drawing the attention of Authorities to the report and asking them to take all possible steps to draw the attention of the public to the findings. The report was a bibliographical survey and evaluation of the relationship of smoking and health and concludes that cigarette smoking is a cause of cancer and bronchitis and probably contributes to the development of coronary artery disease and to other diseases. The Ministers of Health and Education both accepted these findings and suggested that local health authorities should use all channels available for the dissemination of health education material to make the dangers known to the public.

The circular was placed before the Sub-Committee of the Health Committee responsible for health education and the Children's Care Sub-Committee of the Education Committee who deal with all health aspects of school children and schools. Certain suggestions were placed before the committees who formed an ad hoc Sub-Committee consisting of members of both and strong representations from the teachers, youth leaders and others most vitally concerned. This special joint Sub-Committee has met on three occasions and had before it the report of the Royal College of Physicians, a memorandum approved by the County Councils Association and various suggestions largely arising from the medical officers and health visitors.

Later the comments of the teachers' organisations were obtained and these were of considerable assistance to the Committee. It is considered that the comments of the local branch of the National Union of Teachers were particularly practicable:-

"One of the strongest influences upon the children, in this as in so many other matters, lies in the personal example of the teacher. Some of our colleagues have given up smoking completely, others do not smoke whilst on school premises. In some schools teachers have restricted all smoking to the staff room or to certain times of the day. In others, teachers refrain from smoking at all in the presence of their pupils.

We strongly commend these efforts, and suggest that each teacher should consider what his attitude towards smoking within the ambit of the school should be. We are confident that Head Teachers and their staffs, if they have not already done so, will consider what limitations on smoking are most appropriate to the circumstances of their own schools.

We suggest that in most schools it is reasonable to restrict smoking entirely to staff rooms though it is recognised that there may be difficulties in small schools where no staff rooms exist. Even here we hope it will be possible to avoid smoking in the presence of children."

In addition the County Youth Officer had the following comments to make:-

"At the meeting of club leaders and area youth officers on Monday, June 4th we spent some time discussing the question of smoking in youth clubs. All concerned were quite emphatic that there should be no attempt to prohibit smoking in youth clubs, but it was generally agreed that it would be a good thing if cigarettes were not on sale in clubs, and I think the club leaders would welcome a directive on this point, which would help them in making a

decision not to offer cigarettes for sale. One point made, which agrees with something that I have read elsewhere, is that following the "scare" there was a drop in the amount of smoking, but that this was of short duration and, if anything, sales recently have been higher than sales before the report.

It has been observed that since the report more filter tipped cigarettes have been sold. These are usually bought by girl members but this is thought to be because they are cheaper and not based on medical grounds. It seems likely that the smoking habit is as prevalent with girls as with boys and in one club it has been found that 90% of the membership are smokers."

In general the Committee felt that positive measures were of much more value than negative ones and that an attempt should be made to encourage non-smoking rather than to use fear as a means of achieving this end.

A. Action taken or approved by the County Council

- (1) A campaign throughout the county will be held in October, 1963, when the mobile unit provided by the Central Council for Health Education will visit Worcestershire. Local Committees are being set up to work out the details for the various areas. These will include a wide variety of opinions and interests.

- (2) All publicity will be financed by the Health Committee and the Education Committee jointly.

Result: A sum of £1,000 for use in the financial year 1963/64 has been agreed to by the County Council.

- (3) The Central Council for Health Education provided two speakers for two day Courses which were held in Bromsgrove on the 25th and 26th June, 1963. About 200 teachers, youth leaders, medical officers and health visitors attended. In addition to studying the facts, methods of presentation and anti-smoking campaigns, there was much valuable discussion.

- (4) An approach was made by the Health Committee to the B.B.C. and Independent Television Companies in the Midlands suggesting that they limit the portrayal of cigarette smoking as an accepted convention. For example, the lighting up of cigarettes by actors in plays could be restricted to an absolute minimum, even barred.

Result: All three authorities gave encouraging replies. The B.B.C. stated that they had already taken steps in this regard and that gratuitous cigarette smoking in television programmes is officially discouraged.

- (5) The Health Committee approached the secretaries of ten Chambers of Commerce and the secretaries of seven Trades Councils throughout the county asking that they should consider what they could do in a campaign against smoking, especially in establishments where food is exposed for sale.

Result: Only two replies were received from secretaries of Trades Councils, both of whom suggested steps that the County Council could take. It must be concluded that any attempt to restrict smoking in industry would not be generally acceptable at this time.

- (6) Three Hospital Management Committees were approached suggesting that medical officers and nurses should be discouraged from smoking in order to set a good example and that there should be a limitation of smoking in hospital wards where this did not already exist.

Result: The Dudley and Stourbridge Hospital Management Committee were the only one to reply and the secretary stated that the sale of cigarettes by machine or personnel was prohibited within the

hospitals in this group at the beginning of November, 1962. In neither of the other two cases was any action taken nor acknowledgement to the letters received. It is reported that smoking in hospital wards has been general and widespread and knows very few limitations. Smoking by visitors is permitted in some hospitals and obviously this practice is highly objectionable. It is, therefore, encouraging to note that the Minister of Health has recently issued instructions on this matter.

- (7) As mentioned above, the teachers' organisations were asked for their comments as it was felt by some that an example set in the schools was likely to be of paramount importance and that the main object should be to discourage children from starting to smoke.

Result: These comments were very helpful but in general, fear as a method of persuasion was frowned upon and there was considerable objection to any other than voluntary prohibition of smoking in school premises.

- (8) The Health Committee made representations to the Minister of Health asking for action by the Central Government on such matters as the advertising of cigarettes, the sale of cigarettes from vending machines and the enforcement of the law prohibiting the sale of cigarettes to children.

Result: A reply was received which indicated that the two points concerning the sale of cigarettes had been passed to the Home Office but no comment was made about advertising.

B. Further suggestions which were made but NOT acted upon

- (1) The General Purposes Committee of the County Council was asked if they could consider, in co-operation with the authorities concerned, the desirability of framing bye-laws which would be applicable to urban and rural districts, prohibiting smoking in public transport vehicles or places of entertainment. The Committee would not agree to this, considering that the matter should be carried out by persuasion.
- (2) At an early stage it was suggested that the members of the County Council might discontinue smoking in all Committee and Sub-Committee meetings, the present regulation being that members do not smoke when the press are present, that is at County Council and certain Committee meetings.
- (3) No public display of posters was carried out as it was felt that the expense of hiring of space on hoardings in addition to the material was in excess of the benefit that was likely to accrue.

C. Other action taken

- (1) Leaflets and posters are widely available at clinics and on other County Council properties. Posters have been distributed to some schools and further education organisations but this has not been pushed until the campaign gets under way.
- (2) Filmstrips and other visual aids are available and certain doctors and health visitors have, for some years, been endeavouring to encourage non-smoking either in talks to parent/teacher associations or similar clubs or in group discussions and individual contacts in the course of their clinical duties. The importance of this type of approach over a long period might well outweigh all the sensationalism of the original report itself and its presentation to the public through the various mass media available.

- (3) With the assistance and co-operation of the county district councils and the Chief Inspector of Weights and Measures, the Clerk of the Council arranged for 5,000 warning notices, pointing out that cigarettes and tobacco must not be sold to persons under the age of 16 years and that anyone so doing was committing an offence under the Children's and Young Persons Act, 1933. This simple notice is widely displayed in shops throughout the county but it is difficult to see how it can be really effective while so many cigarette vending machines are readily available.

Discussion

During the past two years a very large amount of correspondence, reports and papers have accumulated on this subject. This indicates a tendency to shelve responsibility in the matter and all who can possibly be involved seem to some extent to be guilty of this. For example, the teachers consider that the main responsibility is the parents, thinking parents might well place the responsibility on excessive advertising and even the Ministry of Health when tackled on the question of the sale of cigarettes state that all they can do is to pass it on to the Home Office.

This climate is not a suitable one in which to sow seeds of doubt as to the acceptance by the community of smoking as an acceptable convention. Thus it is highly regrettable that neither the County Council members nor school teachers are prepared to accept any banning of smoking in places where it is at present permitted. In my view, the Local Authority should set an example by not smoking at all meetings, attempting to have issued Byelaws prohibiting smoking in shops, especially where food is sold, certain types of restaurants or of cafes and places of public entertainment. In the meantime, those who feel strongly will have to continue to bring pressure to bear on the Authority to try to increase the provisions for non-smokers especially in cafes, places of entertainment and public transport.

It is apparent that in organising a campaign, material will have to be aimed at as many sections of the community as possible. The main object will be to encourage people to stop smoking or not to start. The Royal College of Physicians suggested that it might be possible for some older people to alter their smoking habits and certainly on an individual basis this does seem to work in some cases. In many instances heavy smokers can be persuaded to reduce the number of cigarettes they smoke or even to change to a pipe but in these the relapse rate appears to be very high and total abstinence would almost certainly be more effective. A suggestion has been made that young married couples with children might be a suitable group on which to exert considerable pressure and it is hoped that health visitors will be able to persuade young mothers that it would be in their interests to stop smoking especially as the financial appeal is likely to be great in this age group.

As stated above, the problem with children is made extremely difficult by the continued creation of the image of smoking as an entirely desirable attribute. Continued subtle advertising, especially on television, is designed to encourage children and young people to smoke cigarettes and as the Government has accepted that this habit is the cause of lung cancer, it seems remarkable that no prohibiting legislation is forthcoming.

In dealing with children it is essential that teachers, youth leaders, school medical officers and nurses should not smoke in the presence of children in school or similar places. It is to be hoped that the efforts of the teachers organisations in supporting a campaign in Worcestershire will be of considerable assistance and that efforts will be made, especially through the primary school children, to exert some influence on parents.

During the panel discussion in the recent Conferences on smoking the young people were quite definite that the reason children smoked was because of the effect of others in their group and that this far outweighed any influence of advertising or their parents. It is this social pressure that we must endeavour to counter and it is interesting to note that the latest poster issued by the Central Council for Health Education which won a prize in a recent contest has a visible message which attempts to glamourise non-smoking. Perhaps there is already some evidence of change in that many thinking middle aged parents have given up smoking and one senses that it is now more socially acceptable to be a non-smoker than was the case two or three years ago.

